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# LETTERS TO A DOCTOR AND OTHERS

BY

A LOVER OF TRUTH AND JUSTICE.

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1914

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## FOREWORD.

THE following was prepared with the intention to issue it to the public as widely as possibly could be done. Circumstances have changed that decision, and the writer much regrets to say that the same circumstances prevent a careful final revision of the book and the writing of the intended last chapter on Head Injuries, Shock and Sunstroke.

A criticism passed by one who has read the MS. is that the preparation of an Index would reveal repetition. It is frankly asserted that the repetition is necessary. In a *critique* of a book recently issued and enjoying an enormous circulation one reads "The author has the courage to repeat himself."

No literary merit is claimed for this book. It is written with a very definite purpose, viz., to benefit the public, and also specialists in nervous diseases, by seeking to overthrow a horrible system of meddling interference which should never have been thought of—as it is practised. It makes life insupportable. The motive of the book is the same in kind as the motive which actuated those who fought against the atrocities of the Congo and the Putumayo, and the opium abomination in China.

The writer has the kindest feelings for the medical profession. Their art is a difficult and often mysterious one. Dr. Robert Bell says: "We have not yet got one foot over the threshold of the temple of medical knowledge." Another doctor lately wrote (1913): "Doctors have been studying the human body for ages, and they know very little about it now."

The letters have been revised and added to since the originals were sent.

A newspaper letter concerning the case of Mr. Evan Roberts, which I distributed widely in December, 1913, brought information from different quarters, showing the great need there is for the work I am attempting to do—if I had not been well aware of it before.





# LETTERS TO A DOCTOR AND OTHERS

## CHAPTER I

*To Dr. H——.*

DEAR SIR,—The suicide of Mr. B—— constrains me to write this letter in the interests of specialists in nervous diseases. Mr. B—— was said to be suffering from “aggravated neurasthenia.”

Neurasthenia and its symptoms are an unavoidable concomitant of severe insomnia, and should be sympathetically treated as such. (Neurasthenia is a symptom in long continued and exhausting illnesses also, as every thoughtful observer knows.)

Discover the cause of insomnia, properly treat and cure it, and the neurasthenia departs. In addition, the patient has peace of mind, and all that favours recovery. Misunderstandings also are averted. Any other course is worse than a crime: it is a blunder. The patient is worried into a worse and worse condition of mind, and insomnia is aggravated, as in this case.

The prevailing system of “suggestion” and the withholding of sympathy, are hideously barbarous. Many useful lives are ruined by it. There can be no confidence placed in any person and the subjects of it become afraid of every one. They know by bitter experience what *can* be done, but do not know what may come next.

Many sufferers are driven to suicide, because they despair of obtaining relief. It may *appear* to succeed in the case of young people, and others who are accustomed to be under authority. Dr. Purves Stewart calls that system “bluff,” (which simply means badgering

and worrying), and he owns that while it may influence children and those mentally immature or ignorant, it is useless to practise it on people of culture. They soon perceive it is a system of trickery on all sides ; what the Psalmist calls "gins, and snares, and digging of pits." Apart altogether from the fundamental question involved is the fact that many people are sturdy and resolute in their mental independence, and it is simple folly to attempt to control such by "bluff." They are not to be influenced or intimidated by "suggestion" of any kind. When once they see through it, they regard it with profoundest contempt. It is tyrannical and foolish. Dr. H. S. Upson says : "It is a foolish and elusive system." It is no use telling these people by any kind of "suggestion," however specious or tricky, they are well. They know better, and you cannot shake their conviction. The attempt to do so, with the withholding of sympathy, leads to many suicides through depriving of hope. I have no hesitation in saying it did so in the case of Mr. B—— referred to above, who was a patient of yourself and three other specialists in nervous diseases, and shot himself in the house of one of the three, having just written to his wife : "Here I am in the hands of people I cannot believe in." Life is not worth living without sympathy.

Confidence in any and every person is destroyed by the treatment described. All the patient's friends are swept into the suggestionist's camp. The doctors not only instruct them to receive everything the patient says with absolute silence (unless they lightly reply : "Oh, I have exactly the same"), but to observe silence on the subject towards all others, excepting the physician.

The reasons for all this, and much more, are extremely wily, and would take long to explain. Briefly, the effect is the tyrant reigns supreme. "Right is often on the scaffold, while wrong sits triumphant on the throne." A doctor recently put it into this phrase : "The doctor *must* be the top dog," while another aptly shows how a doctor's endeavours should be for the good of his patient—not his own supremacy. There is

triumph of a sort. But it *is* a petty business. No moral benefit can ensue.

It has been pointed out by Maarten Maartens, the Danish novelist, that there are some people who are not amenable to suggestion. Cases are known where people have firmly, and rightly, resisted such treatment to the utmost of their power; while every kind of psychic force, intimidation and influence, on all sides, has been used to compel and constrain them to bend to the will of the physician. The more intelligent and highly strung such people are, the greater is their suffering. It is a contest of wills, and, of course, the weak are either vanquished or get themselves, as one puts it, "anywhere, anywhere, out of the reach of doctors." Those strongly equipped mentally, finding resistance to compulsion necessary, must suffer, or they could have no feelings more than a stone. There was a notorious case of a well-known person in the eighties of the last century. He was for many years most fearfully persecuted. When he died, Dr. Hughlings Jackson wrote to the *British Medical Journal*, and said he had not believed the treatment was right or just, and the circumstances of the man's death proved his opinion was correct. (I lately saw in a medical magazine a flattering reference to Hughlings Jackson as "one of the last of the great general physicians of our time.")

Mental torture is even worse than physical. Erksine calls it "soul anguish." In the cases I am writing of, it is often very prolonged. As frequently practised on helpless sufferers "suggestion" is cowardly and contemptible.

Many a one reckons he will be able to hold his own. But, no one can get to grips with what is "underground," and, besides, the condition of the brain becomes so unbearably suffering through constant stress and rack of endless vexings and dreads, that however strong the personality and mental endowments, the mind (though it remains sound) cannot employ and control its physical agent as in normal and happier circumstances.

The force of life—which makes for recovery—becomes vitiated, *vis medicatrix* becomes *vis devastatrix*. The

nervous system is steadily weakened more and more.

The golden rule for the preservation of mental health : "Keep the mind easy," cannot by any possibility be carried out. Those who should, by the dictates of every law, be helpers are made by these methods to be actual destroyers of peace of mind. The only means of being restored are denied.

A very favourite suggestion of one specialist is : "These patients are people who can do with very little sleep." This is not only a cruel falsehood, but a very dangerous doctrine to preach. There is a well authenticated case of a man who got that idea and acted on it, who eventually lost his reason through not being able to get sleep. He was a writer, and thought time saved from sleep was time gained for work.

It is a system of pretence, make-believe, hypocrisy, and lying deceit, in which all around are made to join as far as possible by methods of unnatural cunning. To carry it out they appoint spies to act as "informers" and "tools" of the doctor, providing him with names of acquaintances, and so on. The most essential thing is that on no account must the victim know that he (or she) is under "supervision," and the spy always endeavours to secure the confidences of the patient. The result is he finds he is interfered with in all kinds of ways, and can do or say practically nothing without some sort of "suggestion" following, mysteriously as intended. People known and seen in various places, and for any purpose, are all tampered with, and made to act to order as marionettes. (The home people are caused by the doctor to work in conjunction with the spies. I write of what I actually know.) This system makes what one victim described as "hell upon earth," because of dreads and terrors. It becomes impossible to trust anyone.

The patient's friends, of course, think they are well generalised ; but these tortuous and meddlesome methods are founded on error and ignorance.

Result, embittered lives, soured tempers, belief in love and goodness destroyed—such are some of the worst

of life's tragedies—through these methods and the manner in which they are carried out.

Mrs. ——— was suffering from “so-called neurasthenia,” and went from home for a change. After some weeks it was arranged that her husband should visit her. She went to the railway station to meet him, but so great was the dread of what he might say to her that, when the train came in, she threw herself under the wheels of the engine.

The practice of an unnatural, irrational system of cunningly devised suggestion had so altered things that, instead of its being as formerly, a joy and pleasure to anticipate re-union, it became an unbearable dread and torture.

If the patient refers to his sleeplessness, or any other suffering, he is answered with an ironical, “Yes, yes.” “Yes, yes,” and if there are more people present they all join in like a flock of geese: “Yes, yes”; “yes, yes.” That is an actual and real fact. If the patient should show resentment of the doctor's arbitrary and tyrannical behaviour, the doctor whines to others that the patient “is abusive.”

This kind of treatment is adopted and carried out without a proper and fair investigation of *facts*. Mere *supposition* and hearsay often settle the question. People by taking action as indicated above, in reality pass *unjust judgment*, with all the evil consequences to follow. “Who art thou that judgest thy neighbour?” As Dr. Dubois says, “Purposeful *suggestion* can only be practised by those ‘who do not know how to reflect.’”

Dr. Schofield writes: “In one who knows the awful and often hopeless reality of nerve sufferings, profound sympathy and not impatience is the predominant feeling.”

It is a common thing for patients who are being treated by “suggestion” to throw some letters received on the fire, or otherwise destroy them, without having read a word of them, including some from dear friends or relatives. And this not at all because of lessened affection, or mental twist, but simply and solely because of the dread of finding some silly, but well-intended

suggestion, which would distress and irritate the crippled brain.

When the significance of facts like the above is grasped, it must destroy all belief in the most plausible theories of the value of "suggestion" to help a cure.

Of course, the spirit of resistance and pugnacity is aroused; it must be. Even to turn the most ordinary greetings and kindly enquiry into a direct, purposeful "suggestion," with intent to cause the patient to yield to it is sufficient to ruin most lives. These patients are among the most sensitive of any kind, and that for good reason. The brain is crippled, and unable to endure worry, trouble, or anxieties.

And all these incredible horrors of a treatment which ought never to have been thought of, cling to the patient in unforgettable memories like a perpetual nightmare preying on the mind. He would be glad and thankful to forget, and cannot, and so his sufferings are immensely intensified, and the purposed end is frustrated. Dr. Dowse writes: "We see our patients exhausted from want of sleep." When the brain is so crippled (whatever it be that causes loss of sleep), even little troubles and annoyances assume the form, and have the effect of, great worries, simply because the sufferer lacks the power of resolution and stamina needed to throw them off, and to regard them in their proper proportion. The brain is hyper-sensitive as well as exhausted. It is in a state of "breakdown." In this condition thoughts become a tangle of elusive threads—not clear and not controllable—and everything is a worry. Every mental effort distresses the injured and suffering brain. And further, as the brain is hyper-sensitive all kinds of pain in every part of the body are registered with threefold severity; for the only seat of any sensation is in the brain. This is proved by the effects of anæsthetics, which temporarily deaden the brain and stop all sensation.

"In a sense, mind is co-extensive with the whole nervous system.\* Our feelings and emotions range

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\* It should be said, "brain is co-extensive with the whole nervous system!" The grey matter of the brain is found in the spinal cord, the tips of the fingers, and other parts of the body.



through the body. Hence their great power compared with mere thought, which is confined to the head.”— (Professor Bain.)

Under many forms of serious ill-health, or misfortune, a person, in spite of terrible handicap, may live out his life, and carry on his work pretty fully, with a brave spirit. But those who have had experience are well aware that it *cannot possibly* be so when the brain is suffering from the effects of severe injury through prolonged insomnia, overstrain, accident, or violent shock.

To get people to really understand the treatment and the injustice of it is so difficult as to be almost impossible. They are silent by constraint, while pretending they know nothing of what is being done, and the physician is supposed to know all about it.

If the patient complains to any friends who treat him by “suggestion,” according to formula, the friend will say: “What have I done? Pray, what have I done?” etc. Any person with an alert mind, so treated, might very well reply: “Yes, this is what you have done; through underground work you have turned that which ordinarily is only a common courtesy into an utterly unbearable torture,” by what Dr. Ash has called “an irrational” (dictionary meaning “void of understanding, absurd”) system of “suggestion,” which is also *entirely false*. It is not only what is done that matters, but how it is done. Though this system is worked with scientific cunning it is done also in an irrational, absurd manner, which has been exposed and strongly condemned by the keener minds in the profession. Even nearest relatives regard it a point of honour to be perfectly loyal to the doctor. And they think that doctors must, of necessity, be right. Each individual has to be dealt with singly in explaining. The number grows continually. The work becomes so stupendous, that probably not one person in a thousand could summon courage to do what is necessary. It is really heartbreaking and overwhelming. They give it up in despair, because anyone who attempts to do it is attempting to stem a resistless torrent. It takes many years of experience and careful thought to learn in some measure to ignore such insidious

influences, and to aim to treat them with the scorn they deserve. Even so, the suggestionists will not own themselves beaten. So great are their cunning and perseverance that they will alter their methods again and again, and obtain more and more recruits all the time.

To write a treatise which would make everyone see things in the right way, and render the present practices impossible, would be to do a truly great work for humanity. Wrong and injustice are always hard to bear. Some people are able to bear them with some degree of patience for a while. What makes it impossible in these cases is that the sufferers feel, if they yield to the pressure put upon them, it involves their confession that that which they know to be false is true.

One to whom the system was described, replied as follows: "My feelings are not worth mentioning in comparison with what *you have been made to suffer*. You have two or three times tried to make me understand, but I did not somehow gather the right idea. I could not see through it all. Now I understand it better, and anything *more cruel and audacious* I cannot imagine. What to say to you in the way of sympathy or counsel, of course I could not tell . . . I should not be able to take it so patiently as you do." To put the matter bluntly, he came to perceive that an effort was made in a determined manner to subdue the patient by a method similar in effect to that trainers use to subdue wild animals. It is unwarrantable and wholly needless cruelty to suffering people, who often pass

" Through secret woes the world has never known,  
When on the weary night dawned wearier day,  
And bitter was the grief devoured alone."

Those succeed best who treat patients always as reasonable beings, and not with the pontifical airs of self-conscious priority and superiority "of the omnipotent doctor," to quote Dr. Schofield. (In many cases that idea, taken hold of, has meant that the doctor assumes the role of the "high-and-mighty one," who intends to carry all before him—a terrible and most mischievous mistake, even in asylums. The more modest the doctor's



manner, the greater is his power. He can influence others to act with him, but that is not omnipotence.)

Gentleness is infinitely stronger than brutality. For a true and strong friend to inspire with a message such as this, "Courage: I know all you feel, and will help you all I can," would tend to dissipate fear and distress. The kindly sympathy and brotherly understanding of the other would restore hope, and put heart into the sufferer. On the other hand, harsh, determined treatment drives to the devil and suicide.

Of course, a person quickly perceives underground work is going on, and there lies much of the torture! It often goes to such a pitch that the patient is sure someone is following him, and he is in constant dread of what may come next. People who, if left to themselves to act naturally, would be kind and helpful, are turned into tormentors, by these "dark" ways. An aged father has been made for the last years of his life to torture, constantly and systematically, a son or daughter. In the home one ought to find love, forbearance, self-sacrifice, and mutual sympathy. Once the suggestionist sows his mischief in the family, farewell to all peace and happiness. The poor victim is forbidden all sympathy.

This cruel system, which is now deep-rooted, cannot be dealt with in terms of moderation. "If the causeless misery, so frequently inflicted by the patient's nearest friends, can be lessened, as it is hoped, by the reading of this book, its publication will be more than justified."—(Dr. Schofield, "Nerves in Disorder," preface).

When its effects are *really understood* there is not room for two opinions. It stands condemned, as utterly wrong. It surely aggravates worry and insomnia, the removal of which is the one object to strive for. What is necessary is that it should receive a fatal, a knock-down blow. My daily prayer for nearly twenty years has been, "Lord, help me to smash and crush that thrice-cursed system." It is *the wrong* we contend with and abhor.

The late Rev. A. T. Pierson, D.D., to some extent understood these methods, judging by these two extracts from his published works: (1) "There is another way—*pressure*—far more reprehensible than any written or

spoken word, silent, tenacious, unyielding, through which the determined one seeks to bend the victim to his desires."

(2) "We need to learn to keep our hands off other people and our minds from interfering with their business, to overcome the temptation to control the lives of other people. This is a natural trait which often leads to painful misunderstanding and unbecoming rudeness. The lust of authority and power, the despotic instinct, loves to control other people and bend their wills." Let it be remembered that these patients are suffering from chronic insomnia, with its evil train of miseries. The farther we get away from a humane and natural treatment, the farther we get away from conditions helpful to restore and preserve a sound mind in a sound body, because the most favourable circumstances are a necessity if these patients are to have a chance of recovery.

The most successful specialist was asked his secret, and stated that he treated all his cases (even the worst cases of delusion or mania) as reasonable people, and was sure there was nothing in the world equal to that for influencing them favourably. Another was accustomed to go into lodgings alone with a patient and lead him by example and influence as long as necessary.\*

A very common thing it is to find "suggestion" forced on an unwilling subject, and for a very definite and determined purpose; also unsuitable and false suggestions (which are combated and rejected *in toto*), persisted in long after it is made perfectly plain, by every possible means, that they are only a bugbear and an intolerable torture. J. Russell Lowell says: "There is no evil comparable in its effects on character to that of a craven submission to manifest wrong." The truer the soul, the more strenuous and unbending the resistance.

Generosity of spirit and the law of kindness are incompatible with the system we seek to expose, and yet cannot fully describe, because it is indescribable. The victims have no opportunity or power to put matters right. No chance whatever is given to them. They

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\* So that he might learn to know the patient, his thoughts and his troubles, to be able to really help him.

cannot successfully combat it, even though a thousand times they may make resolutions to bear it, and to strive to think matters are as others say they are. In their suffering state, they are unable to endure it, and in despair take the only way open to them to escape from it. No one but themselves can know how unbearable the torture is, as a coroner once remarked. In most, if not all, cases, there is some grave organic lesion, if it could be found, or auto-intoxication, and a terribly cruel injustice is inflicted on the sufferer.

Dr. Crichton Miller goes even further, quoting Moll: "It should never be drummed into a patient that he is not ill, because he has no organic lesion." It is attempting to do this by "suggestion" that makes the suicide say, "They would not believe."

One, with fine Christian charity, amid the tempest of terror, awe, and dread, and the overwhelming bewilderment attending the premeditated, and now determined on, terminating of the chequered journey of life, with floods of thoughts struggling for a place in the bursting brain, finds excuse for them in the words, "They could not understand." If they could have understood, there would have been no necessity for this last deed; for everything would have been changed.

It is the misunderstanding of the cases, and their wrong treatment, that leads to the hopeless despair which is so common in the victims. What is wrong for one is wrong for another. Recently the American Medical Association has set up some principles of medical ethics. *American Medicine*, referring to these, says, "In our dealings with each other, they inculcate the idea of doing to others as we would have others do to us, and always, of course, in a gentlemanly way. The perfect gentleman has yet to be born, and we, who are less than perfect, must realise that we constantly tend to do some things we ought not to do and omit others we should have done. For that reason we must be on constant guard lest we do what would hurt us if done by someone else." No special code of ethics for doctors!

By the methods we describe, lives are irretrievably ruined. In "Nerves in Disorder" (preface), Dr. Schofield

says, "Many a sufferer knows the old abuses do still exist."

Speaking generally of Nerve Specialists in his novel, "The New Religion," Maarten Maartens says, "There is no ruiner of modern lives like he." Once the underground work is started there is no avoiding it. Many persons are driven to suicide. They can find positively no other way to escape. Seemingly, the perpetrators believe, and mean that there should be *no way of escape whatever*, and to that end they patiently weave their web closer and closer. The patient knows that if he yields he would despise himself, and lose all self-respect. To be of use, suggestion must be helpful and sympathetic, arousing an expectant, hopeful state of mind. If it arouse resentment and antagonism it is destructive and hurtful. "If people are unwilling to hear you, you had better hold your tongue."—(Chesterfield). Dr. Schofield, in "The Life of Faith," says, "I would earnestly beg any who read these pages that they do not give up their intelligence and power of mind to another human being; but that, while fully surrendering the direction of their lives and wills, and opening their hearts to all holy influences around, they retain their sane and quiet minds and judgments."

Mr. S. D. Gordon, author of the "Quiet Talk" series, writes, "I would not surrender the control of my life to anybody on this globe, or to any group of men." The great Archbishop Whateley said, "I am absolutely determined that no one shall, by any means whatever, turn me from what my conscience and my judgment declare to be right." C. H. Spurgeon said, "While we have to bear wrong treatment patiently, we are not bound to pretend we like it." Strange indeed, if doctors, instead of helping people to overcome their troubles, are to be allowed to tyrannise over them and control their lives. It is absolutely unreasonable. The attempt to do so brings indescribable suffering and mischief. It is largely work in the dark. "Fools rush in where Angels fear to tread." Only one side of the question has weight here: "The doctor must be top-dog." The greater part of this system of treatment by "suggestion" is an empty theory

born of dreamers and nurtured by enthusiasts. The suggestionist is the man with the strong will. But he is always in danger of abusing his power. If he tries to rule and "run" any one with a stronger will than his own, there are some nasty symptoms to follow. If any one thinks he can *drive* another person in the way he determines, and so make him conform to his wishes, he will soon find he is at a nonplus. Such intolerance and tyranny hardens and alienates the heart which would be won by tenderness and compassion. Certain minds will learn anything from those they love, and nothing from those who are masterful with them. They are not impressed, nor intimidated by the assumption of airs of omniscience and infallibility. Man's knowledge is limited, and probably, in very many cases, the doctor is inferior to the patient in mental powers. It is not possible that these methods can be attended with success. Many patients are possessed of a clear intelligence and wide experience. They are not helped to get well, but the reverse.

Force (if ever it is justified) is justified only when persuasion is impossible. It always excites resistance. The will cannot be coerced by force. The will can no more be moved by force than a train of cars can be drawn by an argument or an inference. Professor Erskine says (p. 184): "Never attempt to convince or control your subject, unless you discern that he is in a state to be influenced." Again (p. 175): "Offend a patient and the suggestion will be fruitless."

If it be granted that the *purpose* of the suggestion is good, it is frustrated by the methods employed, if the patient is astute enough to perceive what is being done. These methods, as has been shown, can only worry and distress. There is a better way. Those who cannot see it must needs be blind indeed. It is the way of kindness. The late Bishop of Oxford, preaching on the subject of kindness, gave the definition of the word as "the will and watchfulness to make others glad, . . . the dread of giving needless pain, the hopeful expectation of finding extenuating circumstances, the patience that gave others time and opportunity to get right, the skill which offered plans for getting right without loss of self-respect, the

cheerful confidence that people meant right, the insight and inexactingness which principals displayed in their business dealings with others, and in guarding the happiness of home."

The methods we expose are the methods of force—brutal—and the opposite of these. They do not impress, as intended, but irritate.

No one in their senses would jar and shake about a broken limb. The one thing a sufferer from what is called nervous breakdown tries most to do, and what would actually be the best thing, is to divest himself of all recollection of his trouble. It is impossible, for, unfortunately, the mode of treatment most generally pursued is such as cannot fail to keep it ever before him. "He would be treated best by rest and oblivion." The poor crippled, suffering brain is tortured and irritated continually with all kinds of silly and most cruel "suggestions." This treatment, and shaking up of a broken limb are much more parallel than may appear to some.

All tender consideration and sympathy are given to one whose leg is injured. None at all, but the reverse, to one whose brain is crippled. Nothing could be more irrational. The cruel injustice immensely adds to mental sufferings, and makes the sufferer worse and worse. It appears as if this folly arises almost wholly from confusion of brain with mind, or from lack of clear-sighted thought on the matter. What will-power, to help them to overcome their troubles, have these sufferers, when they feel and know they are completely beaten and prostrated? They cannot will to will, and, if they could, they remain just as before. "The exhausted body cannot, by any effort of its own, or by any effort of will, get strong."—(Dr. Cameron Gillies).

"If will-power is presented to us as a panacea," says the *British Medical Journal* (August, 1912), "we are reminded of the old lady who made her testamentary dispositions on her death-bed, and willed dear John £5,000, dear Mary £10,000, and so forth. When it was delicately pointed out to her that she had not the money, she cheerfully said, 'No, but I will it to them.' In all but a small corner of the vast and dark territory of



disease, the will-power, though always useful as a help, has as much effect in the cure, and will be found as empty of solid effect, as the old lady's last will and testament. Mr. Podmore made a significant admission when he said that 'in this study, whether we call it by the name of animal magnetism, hypnotism, or suggestion, the student always finds what he looks for.' These words explain, not only the belief which has been expressed by many men of great intellectual endowment, but the testimonies of patients, doctors, and others to cures which they imagine they have witnessed. Even in scientific experiments a great French physiologist was accustomed to impress on his pupils the need of care 'not to seek for anything, lest they should find it.' " Dr. Schofield says ("Management of a Nerve Patient," p. 81), "Beware of the danger of your own mental bias in seeing functional nerve-disease in everything. Remember you are probably doubly prone to this, etc." And, *ibid.*, p. 112, "Our old division into functional and organic diseases is merely the expression of our ignorance."

As I write, I get particulars of another case (one of eight in a single week), very similar in some respects, to the case of Mr. B.—. Doctors are very frequently pointing out that no two cases are alike, therefore there is the greater need to study each one. A French Professor writes, "I cannot impress upon you too strongly the necessity of a thorough examination, even in cases which appear to be most banal."

This case is almost exactly described by Dr. Stretch Dowse (Neurasthenia, p. 27). Mr. S.— was an active, energetic business man who (apparently through the pressure of business worries), became the victim of insomnia. To quote Dr. Dowse: "The entire being of this strong man is changed. His nights are bad, he turns and tosses in his bed with his head full of cobwebs and confused ideas; a thousand things flash across his mind in as many seconds; still there is a constant reversion to an ever-present something which cannot be well defined, but which he believes to be the cause of his woes. The terrible stillness and dead of night strikes and falls upon his weak, feeble, irritable, active and acutely conscious

being, and banishes sleep, but not dull care and worry, etc., etc." He was a man in the prime of life who, through an unexpected breakdown, found himself altogether incapable of doing the very work of which he prided himself he was master.

His doctor sent him away for change of air and scene. "No one imagined that his mind was affected or that there was anything wrong." The Coroner stated, "We have it in evidence that he was in a worried and depressed state." Insomnia amply accounts for that, setting up a vicious circle. A doctor who had seen him four or five times said in evidence he was "quite well." Those who require rest, and the help true sympathy can give, are often those who find the greatest difficulty in obtaining it. It appears to be very probable that the deceased felt he had asked for bread and was given a stone. The misery of sleeplessness, added to misunderstanding and hopelessness, brings about self-destruction. Sleep and sufficiency of it would have made him another creature. As it was, he died by his own hand soon after leaving the doctor's house. The newspaper report states that "he was in robust health," and they appeared to think the affair a mystery. There is no mystery when there is more light and more complete knowledge.

That which was a serious trouble of the brain caused by insomnia (and unless it was checked, made the state of the man surely worse and worse), the doctor mistook for a fancy of the mind, which he could perhaps drive out by ignoring it to talk of other things, or some other method of cunningly-devised "suggestion." But the result in this case, and in multitudes of other cases, proves that this kind of treatment only irritates the patient, and drives to despair. Well does Dr. E. Ash say: "There are still a good many medical practitioners who utterly fail to realise the full significance of the nervous ailments with which they are so frequently confronted"; and Dr. Schofield, "The medical attitude towards these cases is too often contemptuous or incredulous."

He was suffering from insomnia, "the bane of existence"; his brain was crippled from want of sleep; all chance of improvement seemed to be taken from him.



"They would not believe." "They could not understand." "No help, no sympathy, how can I live?" As long as the present system of treatment lasts the same routine prevails in hundreds of cases. The fact that they are not understood adds immensely to the worry, distress and depression and so increases sleeplessness.

"These patients," one reads again and again in the various text books, "always declare that they are misunderstood." It is really most sad and unfortunate, but what they say is actual fact. And it comes about in this way; insufficient sleep deprives the brain of the rest which is essential for health, and also of the nourishment which it should receive during sleep. "If the brain were not nourished during sleep we should not awake refreshed." The result is, what is generally referred to as "want of self-control," shown by impatience and snappishness. People see these consequences of insomnia without being able to account for them. Any treatment which causes irritation can only be disastrous; though the above-mentioned faults are patent, and often very hard to bear with.

"Of all the tortures with which mankind can be afflicted, there is none worse than insomnia, and none that so surely undermines the nervous system. One of the most vital points in the prevention of breakdowns is to consider the ways in which sleep can be obtained—and to carry them out . . . Every method . . . is worth a trial, for there is no condition so distressing as insomnia, or so likely to lead to the much dreaded neurasthenia." ("Nervous Breakdown," by Dr. C. D. Musgrove, pp. 132 and 136.)

The late Sir Alfred Wills, (Judge Wills), saw this plainly in the case of his son, an Army Officer, who had been treated for "so-called neurasthenia" for some years and shot himself in despair. Sir Alfred made a statement at the inquest, in the course of which he said he was convinced the doctors did not understand how ill his son was. If the father observed that fact, how much more did the patient know it?

The most learned doctor does not know what sleep is, nor how it is caused, but we all know, if there is *sufficient*

sleep of the proper kind, "neurasthenia" is vanquished. It is not necessary to be a doctor to understand so simple a fact as this. In one of Rev. F. B. Meyer's books one reads: "When Elijah after the strain of Carmel . . . threw himself beneath the juniper tree and asked for swift death, God sent him sleep for his exhausted nervous system."

Here are other useful and instructive extracts from Dr. Stretch Dowse's book on the subject: "Rest must be both bodily and mental, and the exciting cause of either mental or bodily fatigue must be sought for, (and in some cases it has to be sought for with consummate tact, as it is not always apparent), and if possible, removed. I say if possible, because the physician finds that, in a large number of instances, the removal of the exciting cause is not unfrequently attended with the greatest difficulty. The cause of mental anxiety and worry, which are so productive of brain disease and nervous exhaustion, is so often bound up with the main-spring of a man's existence, either from a business or domestic point of view, that I have over and over again experienced considerable trouble in bringing about its removal. Patients say to me, "I only wish it were possible for me to carry out your wishes; but don't you think if I do so and so, I shall get better? I really don't see how it is possible that I can do as you wish." My answer is invariably this: *Do the best you can to carry out my treatment, and let us be in agreement, as far as we can.* In all the cases we are now considering, it is infinitely better that the conduct of the physician should be tentative rather than arbitrary." ("Neurasthenia," p. 64.) "In reference to treatment we come to the consideration of another cause of neurasthenia, which is, as a rule, secondary to the exciting cause, namely, restlessness and want of sleep. If sleeplessness should be of itself the primary or exciting cause of nervous exhaustion, we have to consider our diagnosis with all the more care" (p. 64). Nervous breakdown is generally brain fag become brain breakdown.

If "the knowledge of the disease is half the cure" then it is perfectly certain very few doctors are familiar with

this disease as they should be, or why do they as a rule studiously avoid all contact with those sufferers as far as they can. One M.D. wrote in an article lately, "I have heard doctors say openly they avoid neurotics and neurasthenics like poison, and yet a large number of these unfortunates may be restored to health by patient methods." He goes on to say the primary cause of the trouble is usually obscure and the doctor should "leave no stone unturned to eradicate the source." They are sufferers from insomnia, "the bane of existence," their brain, the centre of the nervous system, which is enclosed in a sealed box, and so cannot be examined, is exhausted and crippled by want of sleep—the only thing that can rest and restore it. Their minds are worried and distressed by being misunderstood. Let them be treated with kindly, sympathetic consideration, as they ought to be and "many of these unfortunates may be restored to health by patient methods."

It is a fact that if a doctor happens to be a fellow passenger on a voyage with a sufferer from "so-called neurasthenia," or a fellow guest at a hydro or boarding house, he not only carefully shuns him, but causes all whom he associates with to do the same.

Dr. J. J. Kindred, writing in the *New York Medical Record*, (February 17th, 1912), on neurasthenia, speaks with scant respect of present methods of treatment, and says he would rely by all means on electrotherapy and hydrotherapy in preference to all other medical measures. As a matter of fact, whatever best helps to promote natural sleep, so as to restore the exhausted brain, is the best and sanest treatment. It is for that reason that residence in a sedative air, such as is found at Malvern Wells (and some doctors say Margate), or the Engadine is so good. Sleep is promoted, *if the mind is at rest* without any drugs or therapies at all. But the origin of the trouble may be either physical or psychical. It may be caused by floating kidney, the absorption of poisons in the intestines, from some small and unknown ulcer, or some other lesion or traumatism. On the other hand, the worry of some uncongenial, irritating, or insupportable circumstances of life, which cannot be escaped from, may

be the cause. Such primary cause must be carefully sought out, and if possible removed. In few cases is "suggestion" of any service at all. And in those only wise and helpful suggestions, to uplift the mind to strive to bear bravely. In short, only suggestions which tend to a renewal of strength, and hope, and courage. The suggestionist who believes he can frighten a patient into submission, does not show his intelligence thereby.

The same day as the inquest was held on Mr. S—, another was held elsewhere on a clergyman who committed suicide in a nursing home, and whose case was, if possible, even more sad than the other. He was said to be suffering from neurasthenia, and depression, but "had never given cause to think that he would commit such a rash act." The distress and grief caused to survivors by such cases is sufficient to make anyone pause and consider. There is a reason which proves sufficiently strong in every case to drive them to suicide—not the same reason in every case. But it is necessary to ascertain the circumstances and influences which conduced to that end in order to deal with the question satisfactorily. It would be a good step for the Medical Profession and Coroners to appoint a strong and efficient committee to investigate the whole subject candidly,

With hasty and unthinking decision, people who themselves are treated in a proper manner by others, with perhaps scarcely anything to trouble them, misjudge sufferers from insomnia, (without ascertaining how things really are), many of whom fight their ills with patient resignation and fortitude. I asked one lately to put down briefly his feelings. He wrote, "It is often the cause of an indescribable feeling of hopelessness, that is to say, the feeling, "nothing is any good"; "I shall never succeed any more"; "I'm done for"; and also the feeling, "I shall go insane"! "In addition I am all irritability." But I find that when I get sleep, it almost ceases." Another says, "Through loss of sleep for nights and days, I was almost on the verge of suicide. My mind seemed to be giving way. My reasoning powers were almost gone. Altogether I was in a most fearful state, both physically and mentally."

One chief effect of insomnia is inability to bear the excitement and strain of ordinary troubles, anxieties, controversies and such like, because the brain, being a part of the body, and the centre of the whole nervous system, must have physiological rest and "this is a point in treatment which ought never to be lost sight of; nothing recuperates the nervous system like a good dose of genuine, dreamless, unadulterated sleep. There is an accumulation of potential energy during sleep." (Dowse). Considerations like these, emphasize the folly of treating these cases by "suggestion" or any harsh, determined methods—which can only worry, distress and irritate. Often one hears people speak like this, "If we had known such results would follow, we would have been more careful, and would not have acted as we did." It should be recollected in these cases that "impressions which are enjoyed or unnoticed in health become irritants." Therefore, those who resist these methods with all their power, are worthy of all praise—though the fight is very costly to them. There is great manliness in such a bearing. We have to insist that "right" shall be respected. Besides, it is not good that oppressors should be unchecked. We must be stalwart and unbending in upholding this doctrine.

Dr. Moll says, "It should never be drummed into a patient he is not ill, because he has no organic lesion (discoverable), and that consequently his malady is imaginary . . . the psychologically trained doctor should know that the expression imaginary pain is false. There are people who, as a rule think logically, and who are yet unable to understand that a functional complaint is just as much a disease as an organic one, and may even bring about more serious consequences than the latter." There is a story told of a woman who had suffered nine years from severe neuralgia, being cured by hypnotism. The doctor who had attended her, exclaimed, "I knew all the time it was imaginary." The hypnotist replied, "Then why have you been physicing her all these years?"

In a *Medical Journal* for January, 1913, in an article on "The treatment of Functional Nerve Disease," the following occurs. "Only quite recently, owing to want

of organic lesion, or rather, to want of suitable methods of examination, the purely functional character was accepted. It has been found that by means of new chemico-histological methods it is possible to let some light into the chaos of neurosis, and we are now on the track to limit the sphere of neurosis to certain pathological forms of disease, and to put chemico-physiological explanations in the place of fantastic theories. . . . Owing to this change, a return has lately been made to medical therapy." So are errors being found out all the time and it behoves those who hold theories to do so with becoming modesty. No one can claim infallibility, and with all our cock-suredness, our supposed truths of to-day may prove to be the errors of to-morrow. From what is quoted, it will be seen that, on the subject of treatment, there is still the greatest possible difference of opinion on the part of medical practitioners, and often those of greatest experience in the management of this very intractable condition are completely baffled. Success undoubtedly lies in overcoming insomnia, by removing its cause. That is recognised more and more.

Dr. Savill in his "Lectures on Neurasthenia," (described by the *Medical Times and Gazette* as "the standard English book on the subject"), gives on p. 86 an analysis of the causes of 102 cases of neurasthenia met with in private practice between February, 1902, and August, 1905, *in which the cause was confirmed by the results of treatment* (the italics are his), and showing the percentage of each cause in operation. Over 83 per cent. are attributed to various septic and toxic conditions of the blood. These surely are "chemico-physiological explanations" and may be added to the cases of traumatic (*i.e.* injury of some kind) origin referred to above. Lowenfeld asserts that traumatic neurasthenia differs in no way, except in its cause, from the recognised form; while many, like Dr. Upson, believe "neuroses and phycoses in general are primarily irritative disorders of the sensory system (brain and spinal cord), affecting the remainder of the nerve mechanism indirectly. The irritants are either mechanical or toxic."

Some of the Neurologists who place their patients in



“Homes” have to keep them there strictly secluded, and under their own direct influence, for eight to ten months before, with all their training, experience and skill, they can succeed in convincing the “imagination” it is mistaken, in thinking it is ill! It is fair to say, the best men do not believe in this nonsense. If they do not oppose it, they ignore it, and occasionally ridicule it. If the patient can be kept eight or ten months in a “Home” and remain contented, there is some prospect of amelioration; but some commit suicide because they cannot endure the monotony, strict disciplinary treatment, and above all the “mental therapeutics.” There is a great deal to be said, concerning the “rest cure” and reference will be made to it again. In cases in which the patients get over their first repugnance to it and settle down, to go through to the end, it gives the crippled brain time and opportunity to recuperate. All friends and acquaintances are kept outside for a time, and when there are signs of improvement, only such people as the patient *wishes* to see, are admitted. Worries, dislikes and animosities which destroyed the peace of life, become things of the past. New views of life, and new ideals and habits, are instilled into the mind; ailments of any kind are treated, and above all, the rest cure being very long continued, it restores the ability to get natural sleep, and so strengthens the whole being, enabling the patient to forget or bear the trials which formerly were too heavy. If the rest is not sufficiently long, the trouble is not cured; it is sure to return. Note what Dr. Schofield says on this subject. He supposes a doctor advises a patient to go into a “Home,” and the patient asks, “Is it the Weir-Mitchell cure? I’ve been through that, and was worse when I came out than when I went in.” This alas! is a common complaint now. I hardly ever see a case but what has been through some form of rest cure, and often more than once, and failed; no wonder the faith in “cures” is gone. How can you revive it? One often says something like this: “It is not *where* you are treated but *how*; it is not a question of *what* you have been through, but *who* did it!” Then he outlines the treatment he advocates, and afterwards adds, “It is

often a matter of experiment, before the right kind of treatment can be determined in detail . . . You will have special symptoms to combat, sometimes of a very trying nature. Insomnia, neuralgia, etc. . . . One result soon observed is the improvement of the ability to sleep." We know that if sleep, sufficient in quantity and sound in quality, is obtained, the "so-called neurasthenia" can be cured, and *only so can it be cured*.

Another specialist says, "It will be found absolutely necessary to induce sleep by one means or another." "A good night's rest is one of the most important points to be secured . . . we shall find when he awakes the patient is a different creature." Dr. Schofield quotes a French physician to the effect that a doctor can do much with the willing and whole-hearted co-operation of the patient, and *nothing* without it. Where the doctor shows he is determined to be "top dog" he cannot have it. Dr. S—— also says, "That plan suits best where the patient is happiest." If a sufferer from "so-called neurasthenia" consults a French doctor of the general run, not a specialist, he asks a lot of the usual questions, and then quietly says, "Neurasthenia! You know the name of the immortal Charcot is connected with this disease \* *mais vraiment*, I find you are pretty well." (Dr. A. T. Schofield says, that such a diagnosis only "irritates." "Management of a Nerve Patient." p. 89.) He will perhaps find a lady, who knows the patient, and get her at a convenient opportunity, to say something like this, "Now we shall hear no more about headaches, insomnia, etc."

But there is an aspect of confinement in a nursing home, which claims most serious thought. Many of the patients

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\* The work of Charcot in this connection was, that he discovered a way in which doctors could get "the whip hand" of many patients. Still, it is a false and cruel system. A doctor, in a mood of confession, states: "The patient not only survived the attack, but the treatment also." If the patients treated by purposeful "suggestion," get better, it is in spite of the treatment, or because they ignorantly think the doctor is infallible. At the very best, it is a reckless business. One who formerly practised it declares, "If our patient isn't cured, he commits suicide."



we are now considering, commit suicide while they are inmates of these "homes"; and many more do so, after having been in them a short time (comparatively), and returning home. The most convincing line of argument will be, to give a few cases of each kind. These cases show that in insomnia the doctor should take heed of the slightest details. Insomnia exhausts the brain, and unfits it for its functions, and "we are quite ignorant whether some little point, which is unnamed in our nomenclature, may not be a position of primary importance."

Mr. B—— and Dr. L—— both committed suicide, while staying in the houses of London specialists for treatment. There was no question raised in either case, as to the sanity of the patient. They were suffering from "so-called neurasthenia." The former (whose case has been mentioned already), was a County Magistrate. He wrote a last letter to his wife, in which this sentence occurs, "Here I am in the hands of people I cannot believe in."

Dr. Ernest S. Reynolds, speaking at Manchester, lately said, "The physician must be able to make his patient believe in him, for without this faith, his ministrations may be as nothing."

Dr. L—— also wrote a last letter (in each case part was suppressed), in which he said, separation from his wife and family was "the last straw." Each of these was said to be suffering from insomnia and neurasthenia. Also note the following cases, in which suicide took place, while the patients were resident in nursing homes. They reveal most plainly that they bitterly resented what they felt was mistaken treatment. They had no other way of escape. Mrs.—— had been a few days only at a nursing home, being treated for "so-called neurasthenia" when she seized the opportunity of being out in the sun, to run to the Railway Station and throw herself under the first train that passed. The coroner asked her nurse as to the state of her mind. The nurse said, that, "she *would* talk of her ailments." "Oh! very many people do that," replied the coroner.

Miss—— was suffering from "so-called neurasthenia" and was in a nursing home for special treatment. As is

usual, she was very carefully observed by her attendant. One evening after dinner she was the first to reach the drawing-room. The window was still open and the room dark. Quick as thought, she escaped through the window, got through, or over, a fence and threw herself into a stream. At the inquest the nurse was questioned as to the state of the patient's mind, and the worst she said was : " She told me none of her affairs ; she did not make a confidante of me." These are just typical cases ; many others could be added. What I wish to draw attention to, and to criticise is the mental therapeutics practised on such patients, which, added to their sufferings and home-sickness, drive them to suicide. They are sufferers from chronic and habitual insomnia. Insomnia is " the bane of existence " ; " rebellious to treatment " ; " the tenacious disorder *par excellence*." A coroner rightly remarked, " No one but themselves know how these poor creatures suffer." They are sent to a " home " to be wholly under the influence and control of the doctor and the nurse. Dr. Haydn Brown in his book on insomnia says, " If the initiating conditions causing the sleeplessness continue, and they are usually sure to continue if not recognised as the chief and original offending evil, and dealt with accordingly—the sufferers are going from worse to worse still." Now, under this treatment a new and intolerable worry assails the patient, and be it remembered in most cases, worry of some sort is the initiating condition. Oftentimes it is mental distress caused by some antipathy, quarrel, or unwarrantable interferences. The patient already has more than enough to bear, but is now worried and distressed by purposeful " suggestion " on all sides, constant interference and the absolute withholding of sympathy. Ailments are supposed to be products of the imagination, and they are not allowed to speak of them. Is it any wonder they do not confide in those about them ?

They cannot feel *safe* with any person whosoever. They would be glad to have even one sympathising bosom into which to pour their tale of sorrows. *Such mistakes mark the soul more deeply than can be imagined.*

They are as if in a prison from which there is no escape.

They are shut off from all sympathy and social enjoyment by the determined and constraining attitude that is impressed upon all those they have to do with. If they remove to another place, they are at once confronted with the same kind of treatment there by underground influence.

It is all-important that only one side should be heard! In all our Courts of Law care is taken to elicit truth by fully hearing all sides. No lawyer is ignorant of the worthlessness of hearsay evidence. But "the almighty doctor," "the omnipotent doctor" (to quote Drs. Brown and Schofield), can dispense with the ways of ordinary people (and we know for all that, that they are only ordinary men). Here is what Dr. Forbes Winslow wrote about hearing the other side: "My pen has been burning to write of———who are always ready to pronounce judgment on matters with an imperfect knowledge of the truth. It is not a case of *audi alteram partem* with many . . . 'Judge not that ye be not judged,' I would remark to them . . . What I have just said, I regret to say, especially refers to some members of my own profession. I desire to be most emphatic upon this matter. Before anyone dares to judge another, let him make himself master of the situation, and not be prejudiced by hearing only one side." When I read Dr. Winslow's "Recollections," I gathered the impression that the feeling here expressed really induced him to write them. He aimed to make a strong and effectual protest against forming conclusions without sifting all the evidence. It was the same with a famous missionary who wrote his autobiography (a large and most interesting volume), with the express purpose of clearing up a very gross injustice he had suffered at the hands of doctors through treatment by "suggestion." It was the cause of extreme distress to him, and but for his capacity and courage might have ruined his career. He determined very wisely that "the other side" should be heard. Would that all were able to carry that purpose into effect so ably as he did! With those I write of, it is as one said (and others would say if they could express themselves), "Here I am with people I cannot believe in."

In addition to all that, they see constant underground work carried on all round, and they are in perpetual dread and terror of what may come next. Everyone is recruited by the suggestionist (who is avowedly "determined not to be beaten,") and his allies, and the poor patient can confide in no one. Any means whatever, without any reserve, that may serve to bring the patient to acquiesce in the doctor's methods and submit to what the patient knows to be untrue, are used. After all, a patient knows more of himself (or herself) than any doctor can possibly know; and when the patient has slipped away out of their reach they find they have bungled their job badly. Weak or ignorant people may submit. Others, finding no way out, make away with themselves in distress and despair. (*Doctors usually commit suicide earliest of all; I know of many cases*). The explanation is not far to seek. The practised persons who pursue these methods use a calculated, scientific system of brow-beating, bluffing and bullying, and in some cases cajoling the patients into saying they are well. But they do not cure them by such means. It is not possible to do so. If the patients understood soon enough what is being done, and were equal to fencing with the doctors, nurses, and all others who are influenced to co-operate with them, and refused absolutely to recognize such rights and powers, these methods would be utterly discredited and denounced as "irrational," (as Dr. Ash calls them). As it is, some timid and ignorant people are subdued for a time. But because it is a constant unintermittent stream of pretence, make-believe, cant, etc., the intense impressions made upon the brain, exhausted as it is by want of sleep, can only exasperate the patient, and exacerbate his troubles. Could anything be more maddening than such cruel injustice?—all the harder to bear because there is no getting away from it. Here is attempted destruction of independent judgment with a vengeance! We do not approve of forcing an innocent person to confess to a crime. In principle it is the same thing. There are doctors who advocate this system who also say, "We have to cure our patients somehow." But they are on the wrong tack. (I actually

know the case of a doctor who would not allow anybody to listen to a word about insomnia from a chronic sufferer but who, when he got a little spell of it himself, let everybody know all about it.)

The friends of the patient, who do as the doctor requires them to, are not in so doing led by considerations of justice and mercy, such as conscience would approve. They obey the doctor without reference to right or wrong. While they go like a flock of sheep, they are not irresponsible. It requires more moral courage than most people possess to stand out.

Instead of being an ameliorating agency, the system of which I write transforms even the sweetest, mildest nature into the tiger nature.

“My feelings have been hammered until they have become ‘cold—short’ and are apt to fly off in sarcasms; for, my heart, once soft as a woman’s tears, is gnarled by gloating on the ills I cannot cure.”—(Ebenezer Elliott.)

The great difficulty is how to show the abuses of the system in their true colours. Once it is actually stripped of all semblance and appears, without pretence, and professional lingo and embellishment, in its real character, the battle is won. The judgment of the mass of the people is just if they get a fair presentment of the case. Those who are practised in the arts of “suggestion” get so skilful and cunning in that expert business that it becomes quite as difficult for the patient to diagnose their trickeries as for the doctor to diagnose the patient’s symptoms. When people are better informed, this will be an extremely dangerous game to play.

How can ordinary people trace underground work? With what weapons are they to meet it? It fills them with dread and terror, and fear of others.

A well-known barrister writes, “If one feels pain, surely he knows it, and no one apart from himself can confidently, or at least with certainty, say he does not feel it. Stay! this is a mistake. Some super-eminent men, who do not wish to believe another is suffering, of course cannot believe that that suffering is real; it is some fancied suffering—a delusion.” In fact, they say

it exists—but in the imagination. Obviously, through ignorance of the true state of things. Common sense declares it is foolish and puerile. One of these super-eminent men writes that their methods are “still strenuously resisted by the conservative members of our profession in their practice and writings.” Of course, anyone with a sense of justice and fair play, knowing what these methods are, and how they work, could do nothing in the matter but strenuously resist them. “Increasing study has proved the reality of these various neuroses.”—(Dr. Edwin Ash).

Difficulties arise as the result of ignorance, and are obviated by knowledge and understanding. A gentleman had a valuable exotic plant in his greenhouse. Being deciduous, the leaves disappeared, and he threw it away. He had not found out its habits. Yet he wondered exceedingly that a neighbour got glorious flowers each year on his plants of the same kind. The neighbour knew them, and treated them according to their requirements.

Some weak patients are influenced by suggestion to a change of mind. But if there appears to be temporary benefit, there is afterward a relapse. A little consideration shows the reason, viz., influencing the mind does not restore the breakdown of the brain. What appears to some to be the shortest way turns out to be no true way of cure at all. The condition of the patient is all the worse later, if he is persuaded to believe he is well when in reality he is not.

A writer of a treatise on neurasthenia says that those who thus suffer “are people of strong resentments!” Who is there, I would ask, that being treated unjustly by a cruel system, which immensely added to his (or her) sufferings, would not show resentment? A friend of one patient, hearing of what was done, by the advice of the doctor, exclaimed, “It makes one’s blood boil with indignation!” Another, on being requested to join in the work of “suggestion,” replied, “On no account would I do such a thing; I well remember how my dear father was tortured.”

Now, let some of these nervous diseases specialists tell



us what sort of people these are who show "strong resentment," having first become afflicted with the curse of habitual insomnia. A poor sleeper may even become a chronic insomniac through some constant noise of any kind regularly disturbing his rest. This sort of thing rapidly lowers his store of nerve-energy through depriving the brain of rest, and giving worrying thoughts that race backwards and forwards through the head, every opportunity to obtain a greater hold. Thus the brain becomes more and more run down by loss of sleep. Dr. Edwin Ash tells of a vast number of authors, journalists, barristers, clergymen, doctors and other brain workers whose life is one continuous struggle against nerve-weakness which tends to cripple them. Sir James Sawyer, M.D., says much the same: "Our patient may be a student, or a young professional man, a barrister, solicitor, physician, or surgeon." Another specialist says: "Chiefly persons of a highly excitable and irritable temperament, who from trifling causes are carried away by trains of thinking or of feeling, which less susceptible persons feel only after a succession of the most powerful impressions." They differ just as oak differs from willow.

Dr. H. Crichton Miller says: "Neurasthenia will lay low the strongest intellects."

Dr. T. D. Savill says: "This condition is one of everyday occurrence, and therefore one of considerable importance . . . It is certainly a drawback that there is rarely anything tangible to show in these cases . . . but many a strong-minded man is overtaken by neurasthenia." How clearly this points to exhaustion of the brain by *insomnia*! Recovery depends on its recuperation. This is very difficult, because insomnia is "the tenacious disorder *par excellence*" (Dr. Haydn Brown). Dr. Savill says further: "So slow is the (brain) to recover in some instances that cure does not take place till long after the cause has been removed." "So long as the patient is awake, the brain is always in action; but we have in sleep the most perfect form of rest." If nutrition were not going on during sleep, a person would not wake up invigorated and refreshed.

Dr. Michell Clarke says: "Neurasthenia is mostly a

disease of brain-workers, and especially of those thus engaged who live under the stress of disadvantageous circumstances." Dr. Dowse says: "The victims of the disease are those who make too great a demand on their reserve forces." Dr. Schofield appears to attribute it generally to "overstrain, sudden shocks or irritants, and lowered vitality or malnutrition," and says: "Now, nervous people are the very salt of the earth, and the leading men in every profession are drawn from their ranks. They are men with brains that thrill, that feel, that are quick in action, firm, clear and of high organization." These quotations should suffice.

These are the kind of people to whom no sympathy of any kind must be shown. It is not because it is just or right—no, indeed! It is simply expediency, because the doctors do not know how to treat them (I speak of some doctors). Of course all should know, but there are many who, being, as they say, "determined not to be beaten," appear to be entirely ignorant of the fact that there are people who cannot (and some *will not*) be dominated by force. The misguided attempt to do it so distracts the brain of the patient that to get natural sleep is more impossible than ever. It bewilders the patient, who knows and feels the cruelty and injustice of it, and is so great an enigma in many cases that he, or she, cannot imagine or discover how such terrible mistakes can be committed, because of the intolerance, cruelty, and absence of all sympathy and all charity. It's as bad as using a butcher's cleaver for an eye operation.

I have more cases much resembling the foregoing, but content myself with those given, for the sake of brevity. Such cases and those which are described below emphasize the importance of a remark of Dr. McAdam Eccles: "There is nothing which will so help the physician, surgeon and general practitioner as a quiet mind." And Dr Ash says: "Unless the patient's mind is in an attitude of tranquility and confidence . . . progress will be delayed."

The patients themselves are very well aware of this. Their feeling is constantly expressed thus: "If I could only divest myself of the recollection of such and such!"



Or, "If I could be without the common troubles of life for a time!" It is to be kept in mind that the best men speak as Stretch Dowse does of the "even yet imperfectly known nervous system," and again, "the more we study, analyse, investigate, experiment and reason upon that state which goes by the name of neurasthenia, the more do we feel that we are approaching an unknown goal, a problem of absolutely unknown quantity, whose very existence is lost in illimitable space."—"Neurasthenia," p. 11). Any person possessed of an intelligent and discerning mind reading many books on the subject comes to this conclusion. One strong advocate of psychotherapeutics says "a good text-book for it has yet to be written." We find here "chaos, confusion of tongues, voices and speculations, without certainty and without finality." "So-called neurasthenia," it is convenient in the interests of specialism to class as a *disease*, though it is a *symptom* in a very large number of disorders; one could easily roll off the names of more than a dozen, without any reference to books, and the number could be added to.

In his book, Dr. Dowse alludes to "tyranny over mind." Yet the victims of such tyranny, because of cunning and speciousness, could hardly define clearly in most cases that which tortures them. It pretends to be innocent, commonplace, even benevolent conduct. It is based on the idea wrapped up in what is called a brilliant dictum—"if a person thinks himself to be ill when he is not ill, he must be very ill indeed." Here is the cause of suicide. These illnesses are certainly *not* of that kind, and yet every possible means is used to drive it into the patient (on no account in open or straightforward ways) by suggestion, innuendo, subtlety, hint, bearing or manner, that it is so—in order that the *mind* being influenced may influence the *body*.

The workings of this system in practice resemble the infection of an epidemic. The victim may think he has discovered its origin and perhaps scotched it, and it breaks out again and again in a hundred places and ways. It is a deliberate insult to the patient's sense and reason. Avowedly the purpose of it is to endeavour to set aside the will and the reason of the patient, rendering them

inactive, that the patient's mind can be moulded as the operator intends. Now, the will resides in the mind, and is a spiritual attribute. Hence some speak of the "Majesty of the Human Will." On the choices of the will do habits, character, fate depend. The will should be wisely trained and educated for right choosing and wise acting, but never subordinated to another. This is Dr. Moll's contention too. No true man consents to bow his neck to a tyrannical yoke—while weak, ignorant and helpless people may do so simply because they have no power to resist.

*Strength of will* is needful for all noble living, and it is those who aim to live noble lives who cannot and will not bow their necks to this tyranny. There is great manliness in the fight they wage against it. "The will is the man." To crush or break his will is to ruin him. No true man permits it.

We have seen how this treatment works out in the case of many who are sent to nursing homes. Not only while they are inmates, but after leaving the "homes" do many commit suicide. The cases which follow show the great care that should be taken when patients *still suffering from insomnia* return to their own homes from these institutions.

Mrs. H—— had been for some time in a nursing home on account of "so-called neurasthenia," said to be caused by anxieties and worries connected with a large family. Like many other patients, she was very soon desirous of leaving to return to her own home and ordinary life. So she satisfied the doctor and left. (N.B.—While at the nursing home the patient nearly always is supplied with some kind of soporific to overcome insomnia. While she gets sleep she is better.) Her husband met her at the railway station, delighted to see her. It appears as if, in expressing his pleasure, he innocently gave her the impression he was carrying on the horrible curse of purposeful "suggestion" she thought she was escaping from. It remains like barbed fish-hooks in the brain. Be that as it may, for some reason she positively refused to return home with him. They went to see a doctor, who proposed she should go to a nursing home in the

town, which she did. One sees here how "suggestion" works in the mind of the patient. To the suggestionist it appears beneficent. To the victim it is anathema—hateful. The very idea that it was possible it might be continued made this woman refuse to go home, though she was longing to be with her husband and children again. This affords the explanation of what to those who are uninitiated appears insoluble, and baffles the ingenuity of even mind specialists. The suggestionist and his tools have, quite unknown to themselves and without intention on their part, changed what is universally an ordinary greeting or kind inquiry into an unbearable torture because of the underground work, which cannot by any means be kept secret. Those who do these things over-estimate their own cleverness and under-estimate the other side's intelligence and acuteness. At the same time the unnatural *cunning* employed in the system, instead of making it safe, immensely adds to its power to irritate and distress. Would that these people, tortured and provoked with ingenious lies, incessantly insinuated with cultivated adroitness and skill, could stay their minds with the fact that nothing another person does can shame you, only what you do yourself!

Arrived at the "Home," Mrs. H—— early retired to bed, and, as all was strange, a young nurse sat in the room with her. She was one of those (and this is the worst form of insomnia) who can sleep for an hour, or perhaps sometimes two hours, and then awake to spend the remainder of the night in restless watchfulness. If such people forfeit their first sleep, or are awaked from it, they get no sleep at all. Their case is indeed pitiable. Ignorant people say, "Why can't they lie still and be quiet?" It is impossible. The time was, I believe, Christmas Eve, and the matron had friends below who were playing games and making much noise. The patient could not sleep, and sent the nurse down to request that the noise might cease. But without effect. After all the household had retired, and stillness reigned Mrs. H—— could get no sleep, and the events of the previous day kept racing through her brain, together with "strong

resentment " of the noisy behaviour which had prevented her sleeping at all. Her brain swam and felt torn to pieces. As soon as she thought every one was asleep, she rose, went downstairs and let herself out of the house in her night attire. She made her way towards a stream she was acquainted with, but fell before she quite reached it, and there died of exposure and exhaustion. " They did not believe " ; " they could not understand " ; " no help, no sympathy ; how can I live ? " " They only laughed at me ! " Now, at the time this occurred, it happened that Dr. T. D. Savill was engaged in writing his book on " Neurasthenia," and he was doubtless led by this sad tragedy to say : " Two things specially offend nerve-patients—loud-voiced hilarity and ignoring their symptoms—these show want of sympathy." Dr. A. T. Schofield says : " The doctor who knows and sees that his patient is not disturbed at night . . . will do much to ensure the general success of his elaborate treatment." Dr. Ash says : " There must be psychic sympathy between nurse and patient."

Dr. Musgrove writes : " It is no use to tell the sufferer that there is nothing the matter. . . . You might as well tell a drowning man, who cannot swim, to buck up and be cheerful " (" Nervous Breakdown," p. 29). And also that sleeplessness " will hasten, as nothing else can, the inevitable climax " (p. 16).

Mrs. M—— had been treated for " so-called neurasthenia " (Sir Andrew Clark) at a nursing home. She, too, satisfied the doctor in order to be able to return to her own home. Naturally she expected " suggestion " to cease. But, as in the last case reported, she took that which, if there had never been any " suggestion," would have appeared quite natural, to be designed to have an influence on her mind and to affect her in a desired manner. She still suffered severely from habitual insomnia which causes sensations of bodily illness, depression, helplessness, and weariness—some of the most miserable feelings that can curse humanity. Yet those specialists who rely on " suggestion " would have us believe that it is all a question of self-control, and that such patients are to blame for not curing themselves. The fact that when

they are enabled to get some sleep they are brighter, and when sleepless they are worse, possibly helps to lend colour to that delusion. When in company they are drawn out of themselves and temporarily influenced by excitement and converse. But when they are alone, depression drags them down again, just as a pendulum comes to the perpendicular when it ceases to swing. The brain being rested and refreshed, or not, makes all the difference. But everybody knows that the brain is a part of the body. It is worn out physically by want of rest in sleep. Yet (and it is a point to be observed) the physicians who practise "suggestion" say the malady is psychical (to do with the mind). (Actually, at the inquest of Miss G. S——, daughter of a well-known public man, and a very talented and accomplished lady, the doctor in whose house she had been staying, after saying "she was under no restraint . . . *was very clear in her mind* on all occasions, and very intelligent indeed," added, "she imagined she suffered from insomnia, but I found she really slept well." His wife, a trained nurse, said, "Deceased was not at all broken down mentally, but imagined she was ill . . . she had no other delusions." The coroner: "We don't necessarily regard that as a delusion." *No wonder at all she was "found drowned."* I earnestly desire to make an end of that kind of thing for ever.

The late Sir Albert de Rutzen once said: "A man knows more of himself than any doctor can possibly know of him"; and Dr. Savill, in his "Lectures on Neurasthenia," says: "It is no use to tell these people there is nothing the matter with them; they know better, and will tell you so." In connection with such cases as the above, well may a medical critic talk of "pontifical airs," and Dr. Stretch Dowse of "tyranny over mind." In his book on "Neurasthenia" he says, speaking of this state of exhaustion, "The physical basis is unquestionable." Dr. Schofield says: "Beware of treating the case too lightly. . . In many cases this is fatal. The patient *knows* she is much worse than you say; she sees you have quite failed to understand her case, and she leaves you uncured and hopeless. I have

myself lost more than one promising case by falling into this error."

In his book, "Management of a Nerve Patient," Dr. Schofield says: "You find that constipation has for years embittered her life" (p. 220). Among the causes for Nerve Disease, on p. 12, he gives "germs or living poisons, chemical poisons, etc." Dr. Haydn Brown says: "What makes neurasthenia, as a cause of sleeplessness, so puzzling and aggravating, is this—that it involves so many organs, producing such diverse and contradictory symptoms, while in many cases there cannot be said to be any radical disorder at all that can be got at by the usual means; in other words, so many cases of neurasthenia appear to be nothing else, leaving only a toxæmic condition (septic poisoning, germal or chemical) to account for the debility and distressful feelings" ("Sleeplessness," p. 47). In the same book (p. 7) he says: "Excessive toxæmia is one of the most decisive causes of insomnia." So that in reality it is insomnia that causes neurasthenia. Dr. Savill says: "My own view is that gastric disorder produces neurasthenia by an autotoxic condition. . . Constipation is capable of acting in the same way owing to the reabsorption of many materials which are intended for excretion, and a large number of my patients were very constipated."

All writers on the subject appear to agree in this. But so great are the inconsistencies of some (and so great the variety of conditions described as "neurasthenia") that on p. 111 of the same book we find Dr. Schofield saying "a malady induced by mental causes can really only be cured by mental remedies." It is plain that here, as I find is the case with other writers, he confuses the mind and the brain. On p. 161 he writes: "In neurasthenia where the whole mental system is sound, and it is the brain that is worn out physically, while rest is good, etc."

To come back to the case of the lady who left the nursing home. Mrs. M—— could see people whisper together when they caught sight of her, could read on their faces what they were thinking, and it appeared to her that in greeting her and conversing with her they were using the methods of "suggestion."



Such people as Mrs. M——, knowing they suffer from insomnia and the effects of insomnia (though the cause may not be discovered) cannot conceive where the disparagement or reproach lies, and why they should be treated differently from others. If they were treated as other people are, they would be as other people are. "People are mostly reasonable when treated reasonably." On the other hand, any kind of treatment which can lead a patient to suppose that the doctor thinks that the mind is, or has been, unsound, is the greatest unkindness and injury that can be committed. Many people would not themselves tolerate what seems to be good enough for others.

It was more than she could endure in her suffering condition. (The newspapers reported a few months ago the case of a girl who had an impediment in her speech and was sometimes mocked by children. One day she called a lad into a back yard and told him to shut his eyes and open his mouth; then she drew a razor and slashed the boy's throat.) Now, it is actually a fact that to a sufferer such as Mrs. M—— was the things mentioned above appear to be far worse mockery than this girl had to endure, and Mrs. M——, finding that there was no escape from her torture, went to the railway and got cut to pieces by a train—so completely that only by her dress could she be identified; another victim to a horribly mistaken system of treatment based on shallow thought. "They would not believe"; "they could not understand"; "no help, no sympathy; how can I live?" "They only laughed at me." Dr. Savill writes: "These cases do not receive the attention which the distressing condition merits," and Dr. Schofield says: "It is by knowledge and sympathy help is given."

In circumstances in which they stand in need of more than ordinary consideration and sympathy they are deprived entirely of sympathy from any quarter. Dr. Stretch Dowse says: "It is sleep they need, and sleep they must have if they are to be restored." The present method of treatment, instead of helping such unfortunate sufferers out of their troubles and miseries, only serves to plunge them deeper into the morass. Though they are



unable to endure the common buffetings of life, they are treated by a system scientifically applied, which means to them unceasing worry, distress and irritation. Is it any wonder that they are driven from bad to worse and that many commit suicide? "Virtue belongs not to the stoical suppression of our distress, but rather to a faithful acknowledgment of our pain. We need to be tender with the suffering and not to think lightly of their troubles." "The two great bonds of social life are justice and love."

No kind of anguish surpasses the anguish of severe insomnia. Unless the chronic insomnia which is the cause of the trouble is *really* and permanently cured, the patients are not helped by being forced to say they are well. Quite the reverse. As the wisest specialists say: "there is sure to be a relapse," and the relapse brings with it even more distressing discouragement and resentment at gross injustice than were felt before. (Pause to consider the case of the Rev. Thomas Law.) The truth has to be told even when it is different from what one could desire; and the truth is, in vast numbers of cases, that the "rest cure" is a ghastly failure. "There are very many (including almost all men) who, if they are separated from friends, removed from home, without congenial companionship and occupation, soon become introspective, morose, depressed, melancholic and even suicidal." I have before me as I write ample evidence of this in reports of suicide of many more patients while resident in "homes" and after leaving them. The circumstances are not such as human bravery can deal with. They see clearly what is being done and the purpose of it, and they know the inference it is sought to force upon them is wrong and unjust. Dr. Edwin Ash says: "I have not infrequently been told of instances in which a nervous patient sent to a nursing home has fled in terror after two or three days' residence there; so that a projected 'rest-cure' has ended in a fiasco, or a contemplated operation has had to be given up, and in such cases the worry and shock of the whole business has usually made the last state of the patient very much worse than the first." ("Nerves and the nervous," p. 110.)

Milne Bramwell very fairly says "many of them bitterly resented what they felt was mistaken treatment."

A writer on this subject actually says: "Our facts therefore will justify this general conclusion, that there is a greater probability of a nervous person getting better if left alone than if a medical man is called in." Dr. Edwin Ash says, "but a small proportion of those whose nerves are in an abnormal state ever come within the sphere of proper care and advice." Dr. Haydn Brown says: "There are thousands of neurasthenics going about daily, ailing something, but they know not what"; also that such people "are hardly able to coherently describe their symptoms to a doctor."

The *causa causans* should be sought out, and be properly treated, so that a state of the brain is restored which will favour the restoration of natural sleep. Anyone who can read character, even in a small degree, can see that *nearly all* are nervous. Most prefer to suffer silently. They fear ridicule or being disliked and shunned, or ill-treated, as they have known some to be for no other reasons but their nervous suffering.

Further on Dr. Ash says: "Whilst the primary cause of the nervous exhaustion exists, no permanent cure can be brought about by such means (suggestion) . . . . If this point were generally understood we should not have so many returns of the nerve-weakness amongst those who have been treated by irrational systems of suggestion, or those who have been incompletely restored to health by various physical remedies."—(pp. 133, 134). Consider the discouragement of the patients in these cases. They know with absolute certainty their treatment is grievously wrong, and however cunning and subtle the "suggestions" they will see there is "something behind." My object and aim (for which I shall strive in spite of all abuse and persecution) is to prevent the possibility of these terribly disastrous blunders. Experience proves that some doctors act with the greatest precipitancy in these cases. All in haste they take irrevocable steps, *acting on supposition as if it were fact*. Nearly always when people jump to conclusions they are wrong. And many theories are not to be relied on. The result of putting theories into

practice leads in many cases to disaster, so also the error of attributing a breakdown to a cause, which, though serious, is in reality a concomitant. They believe what is said by others without investigation. So, many a man's life is ruined, and he is given no chance to speak or act in the matter, with any prospect of altering the treatment. In place of supposed infallibility, we want simplicity, honesty, justice, truth and honour.

Here are a few details of another case. Miss B—— was a lady, who “carried on a great deal of good work . . . She was an expert huntswoman, etc. She had been in a London “Home,” for treatment, “but when she came back, she seemed no better.” The day previous to her death “she appeared to have suicidal intentions.” The doctor had everything removed from the room, with which she might do herself harm. But unknown to anyone else, she had taken from a cupboard, two bottles of inflammable spirits and matches, and hidden them. When the nurse was off duty for exercise, the patient saturated herself with the spirits, and then with the matches set fire to herself. She was terribly burnt all over and died an hour or two later. This case resembles that of the Rev. Thomas Law, in that it was “a second nervous breakdown.” Without what appears to be a sufficient reason, it is hard to think why such persons should commit suicide. Hopelessness drives them to it. They are brow-beaten, bullied and provoked on every side, and every kind of underhand work is carried on. The patient is unutterably distressed and tormented until nothing is too bad for him to expect. He is driven into a corner, checkmated, overwhelmed; and in that condition it must be either surrender absolute and dishonourable, or suicide, there is no other way out. That is how numbers are driven to suicide; I write what I know.

One who went to her mother's grave to commit suicide on Christmas Eve, 1911, left a letter which was found beneath her dead body, stating, “I am quite well and strong now.”

“Consider the case of a daughter, the sole invalid in an otherwise healthy household, who is compelled to hide her nervous dreads and agonising pains for fear of

ridicule, until either the mind or nervous system entirely gives way.”—(Schofield.)

I have reports of other cases. There can be no need to quote them. A good many of these suicides take place about Christmas time. In 1911, this was so noticeable that a coroner remarked, “There seems to be something about Christmas, to specially depress such people.” It is easily understood by anyone who has had experience of the ways adopted for purposeful “suggestion.” The good wishes of the season, and the mottoes on some cards are among the best of materials for the practising of such a system. What is there, as far as others can see, to prevent the sufferer from entering heart and soul into all the joys and good wishes abounding? These sufferers are frequently possessed of higher mental powers and stronger wills than those who torment them. Still there is no escape for them but the way they take. Through insomnia, the brain is crippled and becomes hypersensitive to all pains of the body, and also to the effects of worry and exertion. Here we find the reason for the capriciousness and explosiveness common in cases of insomnia. If the vocal cords are inflamed, there is local pain and irritation, and the squeaky or hoarse voice tells the tale. Where the brain is crippled by sleeplessness, there are no signs visible, but the mischief is far more serious; as the brain is higher in the physical economy.

In 1866, Sir James Paget wrote as follows, to Sir H. Acland: “What unsatisfactory cases these are: This clever, charming and widely-known lady, will some day disgrace us all by being juggled out of her maladies by some bold quack, who by mere force of assertion (creating confidence) will give her the will to bear, or forget, or suppress, all the turbulences of her nervous system.” Dr. Schofield’s comment on this is, “Sir J. Paget does not, for a moment, deny the reality, the value, or the permanence of the bold quack’s cure.” No! how can he? I believe the “bold quack” whom Sir J. Paget had in mind was the Rev. Willis Moseley, LL.D., who was at that time, at the height of his fame as a curer of Nervous Diseases. His cures were very remarkable, and included eight doctors (at least) *who could not get cured elsewhere.*

It is certain, *in fact*, whatever opinion may be, or the letters of the alphabet may say, that the best doctor is the one who knows how to cure the patient. "In all, the task is to do the patient good." Dr. Moseley knew the means to take, to restore tone and balance; and he was instrumental in doing so, in many scores of cases. If a doctor troubles himself about a "quack," one may be quite sure that the "quack" has something in him, and more than likely, the doctor would give much to know what that something is. It is not by "force of assertion," so much as by real knowledge of what will cure, that the genuine man dubbed a "quack" succeeds. I would not depreciate Sir J. Paget, whose noble career we all admire, but the man who knows how, and knows that he knows how, is the man who has success. Knowing how, gives him confidence in himself, and compels the confidence of his patients. The eight doctors referred to above must have felt that. They were all cured at any rate. Facts proved by experience, are to be depended upon. A journalist suggested recently, that the real quacks are not those who are so called by others, but those who profess to be able to do what they cannot do. And such people, are those who resolutely set their faces against any treatment which they do not call orthodox.

"Psychic treatment (suggestion) may perhaps relieve for a time, but it does not cure the disease, which is sure to relapse; I have met with a great many instances"—(Dr. Savill). To cure the malady, its origin and character must be understood, the cause must be removed, and *adequate rest for the brain* must be secured by some means, because the thinking machine has broken down for want of rest.

Just one more case of a *young man*, who had been in a nursing-home on the advice of his doctor, who was treating him for "nervous depression." The evidence at the inquest was: "He had nothing to worry him . . . had never had a serious illness, neither had he ever threatened to do away with himself." He drowned himself in a lake, quite unexpectedly, leaving a letter addressed to his mother in which he said, "I cannot



stand it any longer . . . it has been hell on earth for me, since I went away in the summer—it is insomnia.”

There are also many cases of people who, as far as is known, have not been to nursing homes, but were under treatment in their own homes. Mrs. A—— was under treatment for “neurasthenia” and one day sent for a cab to go shopping. Before reaching the shops she stopped the driver at a point near the river, and running to the quay, threw herself in before anyone could stop her. The sad, sad story brought out at her inquest, very fully proved the truth of what Dr. Schofield says, “There can be no doubt that functional nerve diseases have not been handled in an intelligent, scientific way.”—(Management of a Nerve Patient, p. 120.) No, because the system of “suggestion” is “a feeble system.” Owing to the withholding of all sympathy, and the use of “suggestion” in its various forms, she became worse than a stranger, in the bosom of her own family. When questioned by the coroner as to the state of her mind, the husband answered, “I do not know what was the state of her mind, but she would never speak to me and the children.” Others have, in similar circumstances, made threats of such conduct. This is the only case I know, where it was carried out. Of course, her life was ruined, and was one long-drawn-out torture. It could only end as it did, unless she got proper sympathy.

“Consider the feelings of a mother who, all her life, has given her strength to her family, and who, at last when it begins to fail, and nerve symptoms set in, is made to feel a fraud, and her sufferings unreal.”—(Dr. Schofield.)

Her soul would be filled with indignation at the treatment she received. Yet she could do nothing at all to alter things. She was helpless. The chief irritants were in her own home, owing to the mistaken methods of treatment, while she should have been guarded against all friction. More like the methods of “medicine men” in savage tribes, who terrify their subjects into what they would have them do, than what one expects of an advanced science in a civilised, and so-called Christian land! The patients not only detest these methods, but despise them also. The ordinary civilities and courtesies

of life are turned into unbearable tortures, through underground work, and the withholding of all sympathy. It is necessary to give fullest possible emphasis to this fact. It is much more how it is done, than what is done. The sufferers can discover no way to combat it, nor is there one sympathetic ear to listen to them. There is no reason (excepting such reasons as are unreasonable), why these patients should not tell their troubles, and have the sympathy they need. They do not crave it, as some state. What they crave is a rational treatment and fair play. Then they can live and wait, hoping for better days again by and by. (Someone has written that these people desire much sympathy, but do not show sympathy to others. They cannot show sympathy without owning it is right to deprive them of it. That they cannot do.)

The withholding of sympathy in some cases, goes—to my own personal knowledge—to the extent of ironical, incredulous laughter, on the part of relations, when pain or suffering is complained of. And the attitude and spirit, which prompts that, is always plainly evident all around. There is a real need to speak out, and protest while these poor souls tremble under the shadow of tyranny. We cannot shut our eyes to wrong-doing, tyranny and oppression.

“Our sympathy is the parent of our discernment. The finer our sympathy, the more excellent our discernment.”—(The Rev. J. H. Jowett, D.D.)

“Home is the one place in all this world, where hearts are sure of each other. It is the place of confidence.” It should be so, and often is so, but it *cannot* be, if the system of “suggestion” is practised. It makes it impossible. “A man may lose influence, position, wealth, and even health, and yet live on in comfort, if with resignation; but there is one thing without which, human life becomes a burden; that is human sympathy.”—(Dean Farrar). “Sympathy is one of the great secrets of life. It overcomes evil, and strengthens good. It disarms resistance, melts the hardest heart, and develops the better part of human nature. It is one of the great truths on which Christianity is based”—(S. Smiles). “It is true, that in this busy life, a kind and sympathetic



word, spoken at the right moment, has helped men and women to stand true and steadfast in the hour of trial. It is true, that a tear of fellowship with another's sorrow has sweetened the bitterness of that soul, and enabled him to sing his song of hope in the night of despair, and go forward to a better day."—(The Rev. Dr. Haldeman.)

The system we write about, paralyses all that. Another diabolical abuse of the system is that, like the devil, they drive the patient by their ways, to say and do what would not otherwise be said and done, and, if in a passing mood of petulance, or temper, something unusual is said, it is brought home again and again from every direction and kept in memory. In fact, it is a capital weapon to force the patient with. *But* whose is the real offence? Everyone makes use of hasty and unwise words at times. (In passing, I may point out also that, "criminal law is criminal when it has regard not to a man's general character and general behaviour, but crushes him mercilessly for a single slip or fault, which is so exceptional in his conduct as to prove his general good behaviour.") These clever suggestionists treat one or two unfortunate incidents as if they were the only facts in the life of the individual concerned, which are worth any notice, and by spreading them everywhere, and keeping them green they make them into unforgettable and indelible memories. In this way, they easily find what they are looking for. It is, in fact, the best way to produce it, and human psychology is such that to act thus is the surest way to perpetuate and aggravate faults. Better to evolve gradually restored confidence by genuine and consistent endeavour to allow them to be for ever forgotten. Further, motives and actions are suspected; faults are exposed everywhere; feelings are ruthlessly wounded: all to subdue the will and bring to submission. Every circumstance is taken advantage of—joyful or sad—to force home their "suggestions." "Those in the wrong never forgive."

No doubt it is because they are able to carry all others with them that some doctors think themselves "omnipotent." Perhaps they use the word in that sense. But the patient is the one person who *knows* the truth,

and the doctor's fancied omnipotence does not alter the rights of the case in the least.

Is it reasonable to expect a favourable result will follow such treatment which entirely disregards the primary *cause* of the trouble? Certainly not. A writer curiously says: "You must not consider so much what is done as the intention with which it is done." Everybody knows how much mischief is done daily by people who would show their intentions to be admirable but who are in some respects ignorant or uninformed.

"Blunders, mistakes, failures, sins, etc., are inevitable in all of us. God does not expect to find sinlessness in man. He knows our frame. He wants us to have forgetfulness as well as humility and penitence. This is imperative if there is to be satisfaction in life." "Let him that is without sin cast the first stone." If one is "determined not to be beaten" one must cast off all charity and all mercy and truth. Dr. Schofield truly says: "The mental tortures (of these patients) are often so indescribable that no physical pain is to be compared to them."

Another case. The wife of a railway servant, having a large family and many worries, was afflicted with habitual insomnia. The doctor told her husband she had neurasthenia, and seems to have said that if she could be made to believe she was well, she would be well. The man had that impression, it is quite plain. He had to leave home one morning at three o'clock to go to work. His wife was awake, and before leaving he got her to say she was "well." The report does not say if that was the first time. However, she could get no more sleep, and in the morning her brain felt as if it had been through a wringer, and her whole head swam. She prepared her children's breakfast, sent them to school, and on their return gave them their dinner. Then she prepared the table for her husband, who was soon to return; but an unspeakable dread and horror of what might happen, together with the depression consequent upon her exhausted state, quite overcame her. She hurried to a piece of water—a pond or lake—not far off—and there ended all her earthly troubles.

I have selected the cases I consider will show most clearly, if they are studied, how the current system of "suggestion" (would one could say it is obsolete!), so largely practised, works in the mind of the patient, and the result it too frequently has in the end.

The only alternatives open to a man of honour in these circumstances are to oppose this false and cruel system by all the means he can, or to end his torment, as many do. The doctors who practise it are not possessed of a clear judgment. Their methods are well summed up in the words of Shakespeare: "It is good to have a giant's strength, but tyrannous to use it like a giant"; and "He who rules by terror doeth grievous wrong." The difficulty is often increased by the fact that the patient has greater mental power and stronger will than the persecutors have. But the doctor has professional power and influence. No wonder that a famous French doctor (Coutet) insists on the imperative need of getting the patient's willing and whole-hearted co-operation. "*Si le médecin peut beaucoup avec lui, il ne peut rien sans lui.*" Another writer on this subject: "Any doctor who does not inspire his patients with confidence will have more failures than cures." (The fourth time in the book that the necessity for the patient's confidence in the doctor is asserted.)

So strangely do some fail to grasp the import of their own words, and confuse the *mind* with the *brain*, that this writer expresses the following thought, which, unfortunately, is common to many of the specialists: "To constrain a feeble brain to be governed by a good and strong one is not a superhuman labour for one who goes about it adroitly."\* Now, as a matter of fact (clearly and explicitly pointed out in the same book), in these patients "the *mind* is sound." The treatment of the patient, as it has been exposed (maladroit treatment), explains what this author also says: "Mental suffering may be acute, without any disorder of the mind existing." No person (doctor or other) can possibly know another

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\* There would be quite as much sense in trying to constrain a crippled leg or other member to be strong, by suggestion. The brain is a part of the body like any other organ.

individual well enough to be sure he is doing right to *try* to "constrain" the brain (or mind) according to his own thought. Grievous and irreparable wrong (as many of the cases I quote show) is constantly being wrought by the unwise attempt to do so. What could possibly cause greater "mental suffering" than the persistent attempts of others to "constrain the brain" of a sufferer to acknowledge as true what he well knows is false? The nearer to fancied omnipotence such an officious person might be, the more severe the mischief wrought, because he sincerely believes what he is attempting to do is "not a superhuman labour," and he persists in the effort, "determined not to be beaten." A triumph of a sort is often won; but the effects are not lasting. Dr. Savill and others declare truly: "There is sure to be a relapse."

Unceasingly harassed by unjust and pernicious meddling, the suffering individual, so worried and provoked, is overwhelmed with trouble, and there is no escape. He is the victim of insomnia and other maladies, with resultant misery and depression, and is helpless.

This must, and does, cause physical suffering in the brain, the organ of sensation. Therefore it is said, "in a large number of cases of this disease, symptoms directly referable to the brain dominate the case!"

In most cases, too, there are complications of misunderstandings with relations in some way through all these abnormalities, and, by reason of the brain not possessing its usual powers, because of its exhaustion. Said a parson to me once, "I've been having *such* a time of sleeplessness, and this only helps to worry one the more." Other people are listened to, and their word believed and acted on. The patient is not heard in reply. Truth ought to be sought for and acknowledged.

A wise physician can find a way to set *some suitable person* to work to straighten out the tangle. Such matters should be fairly dealt with, whereas the rule is at present to place blame for all on the "neurasthenic." He is treated as if he were the only one who is fallible, and who is liable to lose self-control. So much is this so, that it is simply absurd.

Anyone getting actually to see and understand the facts

is amazed that such cruelties exist in the twentieth century in the name of *science*. Some doctors know clearly how matters are, and it is to be feared there are others whose silence and inaction are discreditable because they evade giving the help they might towards lifting this heavy load of injustice.

I firmly believe that, in most cases, if the patient had strength of mind and self-control sufficient to face and defy his tormentors, speaking the straight truth to them, they would turn their backs and be speechless, as hypocrites and cowards always are. Bullies are never very brave. The cunning and underground methods employed make the great difficulty. Dr. Upson wisely says, "the outlook for recovery is in proportion, not only with the chance of spontaneous removal of irritation, and nutritive repair, but with the possibility of aiding these processes on a basis of adequate diagnosis. The maximum effect is attained by primary eradication of the cause and simultaneous moral uplift, and general improvement of the physique."

Those who practise such meddling do not understand what they do. It actually makes peace of mind (and also friendships) *impossible* when the one essential thing for the sufferer is that he should have peace of mind and support in his troubles. Consider the following letter forced from the writer by endeavours to "constrain his brain" (*mind* really) by continual *mental therapeutics* ("suggestion"). It is plain here that the imagined "good and strong brain" has displayed folly of the most injurious kind. A terrible and irreparable mistake was made when they commenced to interfere with the man. By every law of God and man he had a right to be left to do as his own conscience dictated. If once they begin, they never give up; they are "determined not to be beaten,"—though all irritation should be studiously avoided.

" TO MY FATHER AND FAMILY,

" Your own sins have separated me from you. Your unbelief in me is so great that I cannot peaceably converse with you. Your interference with me I look upon as wicked. You are

undoubtedly the subjects of such satanic deception and possession that you cannot perceive or believe truth.

"I have no desire or will to see any of you so long as you persist in persecuting me. Neither do I will to have any communication from you whilst your opposition exists.

"EVAN ROBERTS."

*29th November, 1913.*

The following extracts from Dr. Schofield's work, "Nerves in Disorder," are very apposite here: "If the causeless misery so frequently inflicted by the patient's nearest friends can be lessened, as it is hoped, by the reading of this book, its publication will be more than justified." "Many a sufferer knows the old abuses do exist."

Indignation against unjust treatment could hardly be shown with greater vigour. Mr. Roberts' brother Dan described him as "the noblest of brothers and the most loving and tractable of sons."

In a recently-published volume of recollections one reads: "Maurice was the gentlest and tenderest of beings, and, at the same time, when confronted with cruelty, or baseness, or intellectual dishonesty, he was the most furious and passionate of combatants." There is nothing unusual in a character of this kind, for none are so strong as the meek. Overbearing intimidation will not succeed with such. Force of character is proportioned to strength of will.

Everybody is acquainted with the old proverb, "those who live in glass houses shouldn't throw stones." This case, and others which are given, show plainly that the irrational system of suggestion in use is metaphorically stone-throwing. The victims can no more bear the companionship of those who torment them than a dog would seek the company of a boy who habitually threw stones at it.

The suggestions keep the mind in a continual state of agitation, distress and resentment at injustice. A strong personality cannot be terrorised or constrained by "scientific" cunning into doing what it will not do of its own free will. The attempt to constrain, kept up over long periods, added to bodily and mental suffering, makes life



insupportable. In nearly all cases there is no possibility of getting away from it. At every thought of it—and the thought of it cannot be banished—their spirit sinks within them. It would be an unspeakable joy to them and might change everything to find some friend who *really* understood and cared. If a more humane and reasonable method cannot be found, these sufferers will be far better off left to themselves and the tender mercy of their friends. They would soon let the matter be forgotten. A specialist writes: “On no account allow yourself to be prevailed on to consider the complaint as imaginary, or of little consequence, or an evil to be patiently endured, because there is no remedy. . . . It can no more be shaken off by the volitions of the sufferer than the volitions of a man without a leg will enable him to walk.” What is needed is tranquility and restoration of conditions which conduce to sleep. For rest of mind is more needful for sleep, even than sleep is for rest. Although all our troubles make us lose sleep, we could lose nearly all our troubles if we could get enough natural sleep—the incomparable blessing of sleep. Sleep can do wonders.

In an editorial, a weekly medical paper said lately that medical treatment had almost entirely changed in character since the close of the nineteenth century. Well, the methods I write of are being carried on vigorously in the second decade of the twentieth. All the cases referred to belong to the twentieth century—the greater number to the years 1911–1913. There are a very great number unnoticed. The number of suicides is increasing year by year. Some figures are quoted in another chapter. Mercy and Truth require that the question should be faced in all sincerity. The chapter on “The Chaos of Opinions” shows that the medical profession are all at sea; and though one writer says, even if the doctors differ in this matter, “let each at any rate give the other the credit for being a searcher after Truth in these subjects before us, and willing to follow anywhere where she may lead”: the firm foundation of truth is not established as the basis of their treatment yet. It is, as it ever has been, according to Dr. Paris, “To give general currency to a hypothetical opinion requires only the talismanic aid of a few;



great names." Ready-made opinions and traditions are too blindly followed in obedience to "authority," which is apt to be dangerous in practice. Facts are of infinitely greater importance than any number of theories, however ingenious, or distinguished, these may be. Therefore I have aimed to keep to facts and to avoid vague theories.

The Rev. W. L. Watkinson, D.D., says: "What is our virtue worth that does not fire our indignation against folly and wrong." Dr. Paton's biographer says, "He blazed out against all wrongs." A well-known writer says, "Our Lord, if here to-day, would flame against wrong." Lowell writes, "They are slaves who fear to speak, For the fallen and the weak." The really good man is never destitute of conviction and unable to be angry even with oppression and injustice. The good man can be sublimely angry (see St. Matt., chap. xxiii.). This question needs to be considered as will be for the good of humanity entirely without partisanship, and decided as Truth leads.

The system of suggestion, in practice, is *exactly the opposite* of the description of the conduct of a gentleman given by Newman in his "Idea of a University." "The true gentleman carefully avoids whatever may cause a jar or a jolt in the minds of those with whom he is cast; all clashing of opinion, or collision of feeling, all restraint, or suspicion, or gloom, or resentment; his great concern being to make every one at their ease and at home. He is tender toward the bashful, gentle toward the distant, and merciful toward the absurd. He is never mean or little in his disputes, never takes unfair advantage, never mistakes personalities or sharp sayings for arguments or insinuates evil where he dare not speak out." Its essence and character are effrontery and hypocrisy. It ignores truth and justice, and is wholly dishonourable. The distress caused by being misunderstood and wrongly treated cannot be driven from the mind of those so treated. It is not true science. It is folly and crime.

"The suggestionist believes he is the man with the strong will, but when he meets as strong a will or stronger and he will not give way, what is to happen? The dominant wills are the possible healers, the submissive wills are

the patients. The aim is to increase the power of dominance in the one, and the state of submissiveness in the other. The submissiveness is often absent, and the other refuses to believe in its absence. The individual under these constant assaults becomes a mental wreck and ruin. The entrance of one will into the mind and will of another is precisely like the robber or the assassin. For men and women to believe such a thing, and to be affected by it, living in constant dread, as though the assassin were upon their tracks, looking with suspicion on every face, and shuddering in anticipation—the horror of it! The very idea that one personality can be possessed, obsessed by the personality of another, is disintegrating, demoralising, and, in proportion as it is expanded and made a fact of experience, becomes an unspeakable menace and an indescribable danger to the community.”—(I. M. Haldeman, D.D.)

It is granted that people afflicted with habitual insomnia, leading to “so-called neurasthenia,” are very trying to those who have to do with them intimately. There are two ways of dealing with them : (1) to impose, to enforce, to coerce, the outcome of the blinding effects of misunderstanding and ignorance ; (2) to help to uplift and restore. For the highest ends in life the one course is absolutely useless. Some people can be awed and frightened into a seeming surrender, but they are not won. The human will cannot be so treated with advantage ; the spirit is crushed, and self-respect destroyed ; all hope and confidence are lost, when the help and sympathy others can give is more than ever a necessity.

Yours faithfully,

VERB. SAP.

## CHAPTER II

## LETTER TO A FRIEND OF MR. DAUNCEY

*To a Friend of the late Mr. Dauncey.*

DEAR SIR,—I was very struck a few days ago—as I suppose many other people would be—by the extracts from a statement left by your friend Mr. Dauncey, read by the coroner at the inquest. I have been making a special study of such cases for many years because of the large numbers of sad suicides (similar, many of them, in some respects to your friend's) in cases known as nervous breakdown, or neurasthenia. My task is self-imposed, as is the work of the gentlemen who call themselves "The Murder Club," to investigate "mysteries," and I have had peculiar facilities for the work. I have, in the course of fifteen years and more of investigation, found out very much as to how these troubles are brought on, the suffering and misery they entail; and, I am thankful to add, I see how despair and disaster might be averted in many, if not most cases. I can here only refer to this last question casually, but have information of great value to disclose, or I should not trouble you. Matters of more technical and strictly medical bearing I am dealing with in another way.

Though it is too late for help to your friend, others are suffering. I receive particulars of the suicide of "nervous" sufferers sometimes at the rate of three or four a week, and most terrible stories they make. It is my earnest desire such may be helped whilst there is hope. That is my excuse for addressing you.

Your friend got right at the centre of his trouble. It would be well if those who have to treat such cases marked what he says. Many of them teach and persist that this kind of illness is "a disease of the imagination"—not, be it clearly understood, an imaginary disease,

but "a disease of the imagination." To those who know, it is clear this theory confuses things that differ. A greater and more mischief-making delusion it is not possible to conceive of. Clearly, the only people in whom there is a disease of the imagination are malingerers and neuromimetics—one might as well say at once deafness following scarlet fever is a disease of the imagination—many dreadful tragedies are directly attributable to this error and the treatment that grows out of it. In all cases it can only irritate, distress and worry the patient. Think what awful distress such a suggestion would have caused your friend. Had it been such he could have easily disposed of it and conquered it. Absolutely it is nothing of the kind. Dr. T. D. Savill says ("Neurasthenia," p. 197): "It is of no use saying to them there is really nothing the matter with them; they know better, and they are the best judges—some of them will tell you so, and others go off to the quacks without warning."

Your friend says (and that is what hundreds would say): "That thing crippled me by torture, and then I could not think clearly."

Dr. Schofield writes (nerves in disorder): "In neurasthenia, where the whole mental system is sound, it is the brain that is worn out physically."

A crippled brain is, in every respect, more serious than a crippled leg, but there is nothing to show for it. A strained leg or back people can understand, and the effects are such as can be appreciated. An overstrained brain is just as much a physical injury. It is the bodily organ in the "sealed box" which is injured and needs repair. The mind is intangible, and cannot be strained. "Mind and matter are the acknowledged elements of man."

The brain, the vehicle and agent of the mind, is crippled by want of rest and recuperation in sleep, and the mind is distressed and distracted by worry and suffering—making, as one lately said, "a mental and physical wreck." The brain is the nerve centre, and *the state of the brain determines the working of the whole nervous system*—just as in telegraphy, or an electrical installation

the central station determines everything—the nerves and the wires are alike, dependent servants.\*

Since I wrote this I have read an article by an eminent physician, by which I am remarkably corroborated. He says : “ Natural sleep quiets the higher brain centres, whose over-activity it is which causes insomnia.”

The brain can only obtain rest and restoration by sleep, and someone has well said, the brain must be at rest to sleep. To illustrate how overwork affects the brain (and through the brain, the nerves), Dr. Stretch Dowse relates how sometimes, after going through his wards at the hospital, instead of saying “ Good-bye ” to the nurse at the door, he said : “ Put your tongue out.” The jaded brain got muddled. Now, suppose that the doctor, instead of going home to a quiet lunch, and then to recreations or duties which gave an entire change of work to the brain, went off to other hospitals and urged his wearied brain through similar routines until it would positively work no more. In that case he would get a troubled and restless night. If he went on repeating the same process day by day, he would soon be an insomniac, and things which never were a trouble to him before would worry and irritate him. The case would get worse and worse, and the brain would be crippled. This is how what the doctors call neurasthenia comes. Alter the details to suit the circumstances, and you have a picture of what multitudes are doing—some in one way, and some in another.

The mind is distressed by troubles which can neither be remedied nor banished from the thoughts, and give the brain no rest. The patient cannot adapt himself to the conditions necessary to secure sleep. After much of this suffering he becomes the subject of a well-marked group of symptoms, which constitute the “ so-called

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\* “ The mechanical arrangement and distribution of the nervous system . may be compared to a well-designed electrical installation      The chief station where the neuro-electricity is generated is the brain, &c.” (p. 17), “ *Electro-Pathology and Therapeutics.*” By A. E. Baines, formerly editor of *The Electrical Engineer*, and F. H. Bowman, D.Sc., F.R.S., (Edin.) &c.

neurasthenia " (Dr. Andrew Clark). In these cases, as Dr. Stretch Dowse and a host of specialists are careful to point out, the *mind* remains clear and sane, while its working vehicle, the brain, is crippled. Many doctors, whose works I have read, hopelessly confuse the mind and the brain.

Here is a sample (the writer is a clever and learned M.D.): "The mind is not a vague mystery somewhere inside the head, as it is generally supposed to be. The brain is a matter of tissue and blood, the same as any other part of the body. We may not know quite so much about it, but that does not affect the question." All very clear and plain.

The brain, which is the admitted organ of the mind, and the instrument by which it develops and accomplishes its various purposes, is of exquisite delicacy, and partakes of all the qualities of the human frame; it is under similar influences, and liable to similar changes; it may be enfeebled, it may be strengthened; it may be diseased, it may be cured. And here is a most disastrous fact: it may be wrongly treated by doctors and friends.

Professor Macdonald, called the premier physiologist of the present day, speaking of his work, at the British Association meeting, said: "I am trying, by means of physiology, to do something to straighten out the tangle into which our ideas about the mind have got." It should be borne in mind, that while doctors may dissect that complex and fragile structure of cells, curiously and wonderfully made, called the brain, they know no more about the mind than you or I do.

The following anecdote aptly confirms what is said. The late Dr. Bucknill borrowed from Sir E. H. Sieveking Dr. Swan's book on "The Brain and Mind," to help him in preparing a paper to read before a learned society. In returning it he wrote: "Many thanks for the perusal of Swan. I thought it might help in my paper, but it appears beneath notice. It is a wonderful tissue of shallow nonsense, and proves that a man may be well up on the nerves, without knowing much beyond them, as a cabman may know every street in London, without possessing any profound notions on the philosophy of



life." I bought the book, with the letter pasted inside the cover.

The following passages from an address by Professor Henri Bergson are worthy of notice here :

"Without doubt, had there been expended on psychological science the amount of work, of talent, and of genius, which has been consecrated to the sciences of matter, the knowledge of mind would have been pushed very far ; yet something would have been always lacking, something of inestimable price, and without which all the rest would lose much of its value : the precision, the exactness, the anxiety for proof, the habit of distinguishing between what is simply possible or probable and what is certain."

"The brain is an 'organ of pantomime.' And that is why, as I have said elsewhere, if anyone were able to look inside a brain in its full activity, to follow the going and coming of the atoms, and to interpret all that they were doing, he would doubtless know something of what was going on in the mind, but he would know very little. He would know only just what can be expressed in bodily gestures, attitudes and movements—what the state of the soul might contain of action in course of accomplishment or simply nascent ; the rest would escape him. As regards the thoughts and feelings which were being unrolled within the consciousness, he would be in the situation of a spectator seeing distinctly all that the actors were doing on the stage, but not hearing a word of what they were saying. Or yet again, he would be like a person who could only know a symphony by the movements of the conductor directing the orchestra. Indeed, the cerebral phenomena are to the mental life just what the gestures of the conductor are to the symphony ; they outline the motor articulations, they do nothing else. In other words, we should find nothing of the operations of the mind, properly speaking, inside the brain. Except its sensorial functions, the brain has no other part than to *play* the mental life."

Those who are furthest advanced in such studies confess that they are, as yet, standing only on the threshold of the subject.



The *immediate* cause of the crippling is, in nearly every case, sleeplessness. "The brain cannot recuperate without sufficient sleep—indeed, it cannot even rest without sleep."—(Dr. S. Wilks.) The *predisposing* cause may be worry, mental overstrain in study, business, etc., the stress of some shock, accident, or what not. Dr. Savill shows also that gastric and intestinal diseases are fruitful causes. This is borne out by many well-known doctors whose works I possess. Dr. Haydn Brown says: "Excessive toxæmia (through intestinal disease) is one of the most decisive causes of insomnia." Others show that toxæmia (poisoning) from ulcers of the gums, nostrils, and other parts of the body, occasionally produces the same results. "Such sores may always *become*, but may not always *be*, infecting, and produce all the symptoms due to an overtaxed nervous system" through insomnia. We know that every part of the body is, to a greater or less degree, dependent on every other part, and the brain is intimately related to all. There are some cases in which no obvious cause can be discovered. Even then it is not a disease of the imagination.

Dr. Edwin Ash writes: "Increasing study of these extraordinary and varying neuroses has led to the due realization of their reality." Dr. Savill says: "In toxic neurasthenia there is difficult nutrition of the brain." The cause of which has been already explained.

Most sufferers from "so-called neurasthenia" who die by their own deed, do not leave any letter. They act in speed to get out of what they cannot bear; others leave letters, parts of which are often suppressed for the sake of survivors. But extracts from the letters of some are as follows, and they are eloquent to express what was felt: "They would not believe." "They could not understand." "They only laughed at me." "Life is unbearable." "No help, no sympathy, how can I live?" "It has been hell upon earth." "Here I am with people I cannot believe in." These people were tormented with habitual insomnia, "the bane of existence."

The late Judge Wills, at the inquest on his son (an Army officer) who was treated for "neurasthenia,"

and shot himself, referring to the insomnia from which he suffered, said he was convinced that the doctors did not understand how ill his son was. At an inquest lately on a suicide, who had suffered from insomnia, the coroner remarked: "No one but themselves knows how these poor people suffer."

Dr. Stretch Dowse says: "The man or woman suffering from nervous exhaustion is, to my mind, the most unfortunate individual in creation, for such persons scarcely know in what direction to turn for help, succour and relief. It is a condition which is not sufficiently understood and studied even by medical men. The public, who ought to know something, really know next to nothing about it. The whole world seems unkind to these people . . . frequently, most severely and wrongfully judged . . . cut by those whom they considered to be friends . . . they become recluse and reticent." It is so. But they are not alone to blame for it. They know they are misunderstood and misrepresented, so there is no other course open to them. In reality, faith in humanity is destroyed. Every chance of returning to the former natural state of things is denied them. (I should like to say here, that to read Dr. Dowse's book on "Brain and Nerve Exhaustion" as a piece of literature, is an intellectual treat.)

Judgment is passed from an altogether outside point of view. In many books on "neurasthenia" one reads: "The patients always say they are misunderstood."

Some trouble distresses the brain, and there it slowly works its terrible effects as a fretting worry. If the attempt is made to drive it out by a crude and ignorant "suggestion," the worry is only *intensified*, and the patient irritated and depressed by the injustice.

The cause must be removed by some means, and then the brain needs restoration by *adequate rest*. Very few realise how far-reaching and important are the beneficial and recuperative effects of natural sleep in such cases, and *per contra*, how prejudicially insomnia affects every part of the physical economy—through brain and nerves. It is worth any trouble on the part of the doctor and friends to search out the real cause; and, in very many

cases, it can tactfully be removed. What matters, is that a doctor who undertakes a case should know and be able to do, what is needed.

Sir Victor Horsley is quoted as saying: "Correct diagnosis in nervous diseases is still far to seek." It is not in the nerves the damage is. If the crippled brain is put in order by securing natural sleep, of normal quality and quantity, the nerves are automatically right, or as nearly right as the temperament of the individual permits. If the cause continues, or relief is not given, the pain and suffering that result from sleeplessness are so severe that (as is well known) a great many people are driven to suicide by them. Dr. Haydn Brown in his book on "Sleep and Sleeplessness" says, what everybody knows: "Insomnia is now causing an appalling number of suicides." The reason is, the sufferers become hopeless of obtaining any relief. Dr. Cameron Gillies says, in an article on "Neurasthenia": "I knew a man of almost terrible intellectual activity become practically insane from sleeplessness. He was in the care of 'many physicians.' All the wisdom of the drug world only made him worse. He was a friend of mine, and I came into his treatment very late. I aimed to stop his brain . . . I sent him to hard work on his own farm, and after two or three days he was only too glad to get to sleep! That was a rest, the best possible for him . . . in that consists the whole of rational medical treatment. First remove or stop the cause—then restore. That is the whole sense of the matter."

Anyone who knows anything of the brain and its functions, thinking seriously, must come to this conclusion. But in cases arising from accident (traumatic insomnia) or from sunstroke, or shock, this sort of thing (hard work) cannot be done at all. The brain will not bear it.

Experience shows, too, it is impossible to find a parallel between the mental undulations of *any two persons*. Circumstances connected with birth and heredity, as well as varied experiences of life, all tell. Doctors have remarked to me, and one reads it in their books: "No two cases are alike." Therefore, more practical information may be derived from the careful study of each case

than from the pursuit of theories, or the mere science of the profession. The great aim and object of medical science is to cure the diseases and ailments of mankind. To do this the predisposing or exciting causes must be traced and dealt with. Dr. Macilwaine wisely says: "A diagnosis has not in any case been made until effect has been traced to cause."

It cannot be too widely known that people who have had a sunstroke, a bad injury to the head, or a sudden jar to the brain, and some others, *cannot* tolerate worries, annoyances, etc., and special consideration is due to all such.

Yours faithfully,  
SYMPATHY.

## CHAPTER III

### LETTER TO DR. CAMERON GILLIES

*To Dr. Cameron Gillies.*

DEAR SIR,—Having seen your article on "Neurasthenia" in a medical journal I feel compelled to ask your kind and thoughtful perusal of what follows.

I have been making a careful study of the subject for the last fifteen to twenty years, and long since have come to the conclusion, from clearest evidence in a great number of cases, that neurasthenia is not a disease, as it is called, but a symptom. Dr. Macilwaine has the courage to say that plainly in his recently published book "Medical Revolution," and he is undoubtedly right. Dr. Toogood wisely says: "The practitioner must preserve a teachable state of mind, still consider himself a student, and not despise information, from whatever quarter it may come, more especially if it be the result of observation." Again he says: "I, for one, am always glad to avail myself of the experience of practical men, in obscure and difficult cases, however lightly they may

be esteemed by some." What knowledge is to be compared with the knowledge of experience? With this two extracts from recent medical papers are in close agreement: (1) "Not a few things which are taught to the student of medicine rest on no solid basis of fact." (2) "On this subject the text books are all wrong."

Nearly *all* the troubles of a specially trying kind, associated with what is called neurasthenia, would be abolished at once if it were honestly recognised everywhere that it is really a symptom. Probably most experienced doctors are aware of this, and some declare it plainly. The great reason it is not generally recognised is that specialism would suffer. Dr. Macilwaine shows how the profession is dominated by specialism, and Dr. John Shaw, in his book "Medical Priestcraft," reveals how symptoms are called diseases in the interests of specialism, and so "the profession of medicine is honeycombed with cant."

"Justice and impartiality should impel each one of us to extract any possible percentage of truth, even from the most contemptible sources."—(S. R. Birch, M.D.)

Neurasthenia, with all its complicated nervous disorders, is almost invariably the result of sleeplessness. Insomnia is the malady, and neurasthenia the symptom. Reading treatises on the two subjects and comparing them, must convince of that. "The patient's sleep becomes greatly disturbed; headaches, loss of appetite, rapid fatigue upon exertion, and complete incapacity for business, are the result, as also the whole train of symptoms which have been described."—"Neurasthenia," by T. Stretch Dowse, M.D., F.R.C.P., etc., p. 53.) There is recuperation as long as sufficient natural sleep is obtained. When that fails, the evil grows rapidly.

Dr. A. T. Schofield says: "Neurasthenia has two distinct stages, those of irritability and debility." Severe insomnia accounts perfectly for both. The brain of a person so suffering, never works smoothly. He finds it impossible to be at rest. Pains in the head, felt weakness and inefficiency, generate terrible dreads and irritability. No experienced person is incapable of forming a judgment on such a simple matter of fact. Those

who have experience of severe insomnia *know* in a different manner from those who only hold opinions or theories, however exalted.

I question very much if doctors who have not had personal experience can at all appreciate the horrors of insomnia. It causes the brain to swim, and fills the head with all manner of pains, with mental anguish which cannot be described. At times, a spike seems to enter the top of the head (result of insomnia), and at the back also; at other times, it is as if the brain were being dragged out of the head, and at the same time, as if it had been battered and bruised all over. The more sleep is wooed, the more it flees from one, and the whole misery is capped by a feeling of despair, wretchedness, and helplessness. }

Dr. A. W. Macfarlane says in his work on "Insomnia" (p. 191) that: "Exhaustion of the nervous system is brought about by insomnia from any cause." Which is in accordance with fact, constantly proved. Again, p. 49, he says that: "Sleeplessness, the bane of existence, superadded to an enfeebled condition, leads to neurasthenia." Of course, it is a symptom at times, in other diseases, most of them causing insomnia, *e.g.* in gastric and intestinal diseases, in malaria; and your article, above referred to, shows it is a symptom of the uric acid diathesis, which, in turn, is caused by intestinal stasis—the origin of very many distressful conditions, including persistent insomnia. Insomnia cripples the brain through deprivation of rest, and so causes neurasthenia. Dr. Haydn Brown says: "The influence of intestinal stasis upon the sleeping powers may be slight or severe, according to the nature of the case. Sleeplessness is frequently caused by a subtle form of blood-poisoning, or toxæmia. Excessive toxæmia is one of the most decisive causes of insomnia." ("Sleep and Sleeplessness," pp. 66, 92 and 7.)

Toxæmia arises also from various pyogenic foci, often extremely difficult to find, even when they are suspected, and when unsuspected they are seldom found. The late Dr. Savill gives a table of 103 cases of neurasthenia, eighty-two of which he says were due to toxic causes.



Dr. Edwin Ash says: "As a matter of fact, severe illness nearly always causes a certain amount of nervous disturbance." Those who have seen many people drawing near their end, have seen many cases of neurasthenia. And what precautions are taken not to distress such cases!

General William Booth may be cited as a case in point. His last illness was thus referred to in the *War Cry*: "The turn for the worse is due primarily to the patient's inability to obtain refreshing sleep. The depression increased by sleeplessness has been the standing trouble, and so long as it continues, the state of the invalid is serious." In a day or two the following bulletin was issued by Dr. Wardlaw Milne: "I regret to report that the improvement in the General's health has not been maintained. Owing, no doubt, partly to the persistent insomnia, nervous symptoms have developed, etc." Then later: "There is a further loss of nervous control accompanied by some decline in strength."—(C. Wardlaw Milne, M.B.)

I am concerned principally with insomnia as the cause, and would beseech you to weigh the matter with impartial thought and care. The newspapers are now reporting the examination of Mr. Horatio Bottomley in bankruptcy. He reports himself suffering from "severe insomnia" in consequence of all the worry he has had. The result is, his medical man finds he is "in a state of nervous collapse." Dr. Forbes Winslow relates in his "Recollections" how he visited Mrs. Maybrick in the condemned cell, and found her greatly distressed because of her trouble, and especially on account of the cruel things said of her in the newspapers. He says: "The result was sleeplessness, which in its turn brought on nervous prostration." One could give proof of this in numberless cases, but I will only trouble you with two more. Mr. —, a wealthy gentleman, quarrelled constantly with his wife. Their life was most unhappy, and finally she left him, and returned to her old home. The worry and distress of mind he endured deprived him of sleep, with the result that his nerves were affected—"shattered" as people say. He consulted a famous

specialist in London, who told him that he had neurasthenia, and *apparently* did not give any attention to what caused that state of things. Had he treated him for sleeplessness, and urged him to endeavour to get the cause of it removed, there would probably have been a very different ending to the story. As it was, he advised that a doctor should accompany him home in his motor car, and this doctor was to practise on him "mental therapeutics."

It has been observed on numberless occasions that mental therapeutics consists in a large part of an indescribable *manufactured smile*—a species alone—which is repulsive and abominable to the patient. He had enough of it on the journey home. He could not be made to think and believe, as things were, that this is the best of all possible worlds, and he himself was the most happy and fortunate person to be found.

When a person is suffering as he was, for another to assume an air of hearty and boisterous cheerfulness can only arouse anger and resentment. The object to work for is *to relieve the patient's ailment*, and then, by fit and proper means, stimulate placidity, hopefulness and contentment of mind—not resentment.

Within five minutes or less of arriving home, the report of a pistol was heard, and the doctor (who was to be his good angel) hurried to the patient's room to find he had shot himself through the head. Instead of "suggestion," (what that same specialist calls "bluff" in one of his contributions to the medical press), there should have been an honest and earnest endeavour to remedy the primary and exciting cause of his trouble. The doctor should not waste time and energy in attacking mere symptoms, instead of going to the root of the trouble with a genuine diagnosis.

Sir James Sawyer wisely says: "Each case must be separately studied. We can cure a given case only by understanding its particular causation, and by remedying the same; we must relentlessly aim at preventing the sleeplessness by removing the cause."

Drs. Maurice Craig and C. D. Macnamara, in an article dealing very thoroughly with the subject of

insomnia, state the same thing, and point out, what we know is true, that the underlying factor is often obscure.

In some points the above case resembles one you quote as benefited by your treatment (*"Cessante causa cessat et effectus"*). Until the cause of the insomnia is discovered and removed a real cure is not possible, whatever the patient is forced to say. A physician writes: "Insomnia is the tenacious disorder *par excellence*."

One might multiply illustrative cases: A mine manager abroad, who had only just escaped a serious breakdown, thus describes his illness in his report sent home: "Another anxious period . . . sleepless nights and worried days, getting on my nerves, and not only did sleep fail me, but I had no appetite for food. If matters had continued as they were, then serious illness must have been the result."

Almost as trying as any other result is that, when insomnia is of long continuance, it renders one quite unfit for work, and so irritable that oftentimes one can hardly endure oneself, let alone others. This irritability is a sad cause of endless trouble in many ways, in the home and elsewhere. All this is generally put down to "nerves." Is it any wonder with such suffering and exhaustion as I have very inadequately described there should be want of control at times. Some doctors sing the praises of self-control (very good indeed, in reason), but in such circumstances as those in question—wholly abnormal—as well could a leaf or feather withstand a gale of wind, as the sufferer bear annoyance or irritation patiently. It is not in man to do it! Job says: "The words of the desperate are like the wind!" Others ought to endeavour to be uniformly considerate and tactful with such sufferers.

"Of all causes of sleeplessness none deserve more decisive and emphatic blackmarking than worry. Of all disorders and distresses I do not know of one which has had less justice done to it. The very latest reference I can find to the subject . . . is eloquent of the preferring-another-subject attitude of the most advanced therapeutists."—(Dr. Haydn Brown.)

Dr. Hack Tuke, M.D., LL.D., Examiner in Mental Psychology in the University of London, etc., etc., unconsciously supplies the reason for this state of things. He wrote : " Medical science has been able, so far, to do little for sleeplessness, except to call it insomnia." Many honest medical men can see there the reason why neurasthenia, which is a symptom of insomnia, is treated as though it were itself the malady.

The Rev. Joseph Parker, D.D., rose from his sick bed unwisely (against advice) to take his Thursday midday service. The result was he overstrained his brain, and sleep forsook him. His misery from this cause was so great that he begged every one who came near him to pray that he might not linger in that state, but die.

Dr. Hudson Taylor, founder of the China Inland Mission, overstrained his brain in the United States—when pleading for China.

A good many years afterwards he returned to China, where he died.

When travelling with his son and daughter-in-law he was suffering from insomnia, which had persisted all the time. In one place his daughter-in-law remarked, " We have been here three days now." He replied, " Three days ! Why, I count the time by nights now ! " Through persistent sleeplessness, the Rev. A. C. P., a well-known Evangelical clergyman and writer of works on theology ; an eminent evangelist ; Rev. A. E. G., of the Church Missionary Society ; the Rev. T. L., of the Free Church Council ; and a number of other clergymen and ministers, whose cases I have notes of, have committed suicide. They could see no prospect of getting things put right, and only so can one account for the suicide of such people. One can hardly take up a newspaper without seeing accounts of people committing suicide because of insomnia and the resultant head pains, but clergymen, ministers, missionaries and evangelists are not like rash, impetuous people who act without thought, or pleasure-loving people who, when they can no longer enjoy life, exchange enjoyment for suffering ;

or, like ambitious or avaricious people finding they can no longer hope to achieve their object in life.

These men, and others like them, knew of what doctors profess to do. They had had experience of their efforts to relieve and restore. If medical treatment in such cases were efficient, and inspired confidence, it is inconceivable that such people could feel compelled to take refuge in self-destruction.

A famous physician says, "The relief of insomnia is absolutely conditioned on removal of continuing irritations," and he adds "suggestive therapy is usually powerless to affect a protopathic system stimulated, and attention diverted, by a severe physical irritant."

The bald fact is that "suggestive therapy" is simple audacity, having no dependence on either skill or knowledge. In cases of insomnia it is also cruel audacity, because it treats the patient as an unreasonable person, when he is not so. He is suffering, and cannot endure this intolerable injustice. No wonder Dr. E. Ash calls it "an irrational system," and Dr. T. S. Dowse "tyranny over mind." Drs. Savill and Dubois, and others, also openly and strongly condemn it.

"From that group of symptoms known as "neurasthenia," sleeplessness is seldom absent. Not only constant in appearance, it is also rebellious to treatment. *To cure this symptom is often to cure the disease.*"—Dr. W. S. Hedley.

Sleeplessness is *the malady* in nearly every case. Dr. M. Clarke says, "Of the many troubles of the neurasthenic, insomnia and disordered sleep are those of which they most frequently and most bitterly complain."

The discovery and removal of the cause is the thing to be aimed at. If the cause is not removed treatment avails nothing. Insomnia opens the road to diseases. The brain and nerves are the first to show results of the loss of rest. Dr. Macilwaine's remark, "without reference to the cause the physician must tinker blindly at effects," applies here, and is an unanswerable argument. Almost identical in thought are the following extracts from "Insomnia," by Sir Jas. Sawyer, M.D., etc.: "In the causes and cure of insomnia . . . the skill of the physician and

the resources of our art are often taxed severely." "Duty lies in successfully unravelling the causes of sleeplessness . . . and in curing insomnia by counteracting those causes and by making their tiresome and diresome effects to cease. In medical reasoning there is little which is so difficult as tracing effects up to their causes, and there is little so easy as inventing causes for effects. Let this caution make you wary. Take due pains in practice to analyse the causation of each particular case of intrinsic insomnia." "There is no 'rule of thumb' cure for insomnia."

In almost every case described in the text books on "Neurasthenia" (if not every one), want of sleep is prominently mentioned, and the measures taken in treatment, if suited to the case, are *always* designed to have the effect of securing more sleep. (*Vide* your article.) When there is increased sleep there is improvement. Less sleep, from any cause, means retrogression. Dr. Haydn Brown agrees. He says, "Improvement of sleep is always the precursor of other benefits and the reverse is also true." When constant natural sleep is restored the patient is soon cured—but not really cured otherwise. There are many pseudo cures which lead to future trouble.

Let us take the cases you give as illustrations.

You speak of them as "four interesting cases," and refer to them as A, B, C, and D. "Although their symptoms differed widely, one great thing was common to them all—they were 'useless' in the morning and through the earlier part of the day." (This was owing to sleeplessness, of which the "so-called neurasthenia" was a symptom). "This wretched condition of the morning was common to them all, and from it I got my most valuable observation toward their rational relief." "The causes of neurasthenia are practically endless . . . In the first place, I, without any hesitation, put worry and anxiety." (Exactly the causes of insomnia).

"'A' was a perfect type of this cause. He suffered unspeakable cruelty from his wife's conduct . . . The effect upon him was disastrous. He came to the city unslept, unfed, uncared for—a wretched wreck, shaking in every fibre, useless and unfit for any business." He



was given Sanatogen to be taken in hot milk, as indeed were all four. Sanatogen is recommended for producing sleep, and testimonials prove it does so in some cases. My investigations go to show that it does this, as some drugs do (*e.g.*, Hamamelis), by reducing the secretion of urine. Since first writing this I have confirmation by Dr. Macfarlane.

("Insomnia," p. 60.)—"One constantly hears of inability to sleep during temporary residence at seaside resorts, and the cause of this is not difficult to explain. The invigorating air acts as a powerful tonic to the heart, etc. . . as is evidenced by the large increase in the amount of urine secreted . . . disturbing the balance of the circulation so as to interfere with sleep."

Now, here is a remarkable fact. I discover this passage from Dr. Macfarlane's book on "Insomnia," copied into a book on "Neurasthenia" under the head, "Causes of Neurasthenia."

It is those doctors who either consciously or unconsciously treat "so-called neurasthenia" as a symptom and give their attention to restoring the patient by removing the cause of sleeplessness, who have success.

After giving some detail of "B," you tell how you "put him on Sanatogen and milk that same night, and he slept fairly well, as he had not done for some time."

"C" you describe as suffering "severely from sleeplessness. After a fortnight he was clearly improved. His sleep was better"; as a consequence, you can add, "He had a brighter outlook on things, and he was nourishing better. He felt better . . . his nightcap of hot milk and Sanatogen took the place of narcotics, which he thought he must take for his insomnia."

When I had written as far as this, I cut two bits out of a newspaper: (1) an account of "nervous breakdown" in a nurse. "The first sign of the breakdown was *insomnia*. I could seldom sleep, even after attending a trying case"; (2) a short paragraph—"The afternoon sleep-cure for overworked business men, described in these columns yesterday, is approved by many physicians. 'One of the commonest causes of breakdown nowadays,' a hospital physician states, '*is lack of sleep.*'" One of our

authors emphasises the fact that night nursing is a very frequent cause of neurasthenia.

In your "considerations" you remark upon the neurasthenic state: "The nerves are only conductors of disaster to the ultimate structures."

"It is in the 'centres' of the spinal cord and of the lesser and greater brain, that we must locate the origins of this evil. They are the storehouses of energy." "The exhausted body cannot, by any effort of its own, or by any effort of will, get strong." Then you give very sane advice about suggestion: "The power and influence of a strong and healthy mind over a weak and depressed one is immeasurable, and should be exerted to the utmost. The intelligent man . . . may do incalculable good by the inspiration of moral courage and hope, where it is always so very greatly needed—for we must remember that the mind is, far beyond all other causes, the prime source of neurasthenia."

I agree with Dr. Stretch Dowse, "The cause is, beyond all doubt, physical." Worry, overstrain, etc., cause sleeplessness, which in its turn weakens and exhausts the brain, the effect being general distress, through the brain being prostrated.

The method of suggestion outlined cannot but be useful, coming, as you say, from the *physician*. But what shall be said of another school of doctors who are "determined not to be beaten"? and who consider the coercion of the will, and overmastering of the individuality, the object to be aimed at, in some, if not all, patients? They cause *everybody* to be set to work "suggesting" (not only "the strong and healthy mind"), and it is done freely, whether with discretion or otherwise. Most people have no tact or wisdom in such matters, and they just bully and worry the patient. Obviously, some understand that that is what they are intended to do.

So do such worries harry and distress the mind, that the bare possibility of some suggestion being hidden in a letter or message (discovered or undiscovered), often keeps sleep far away and plunges the brain into a vortex of horrible and torturing tumult. The brain becomes intolerant of even the semblance of worry or anxiety.

Heaven pity and help the individual committed to such indescribable tortures. He who starts such a system of "suggestion" and withholding of sympathy, starts a torrent of horror, which he can neither arrest nor control. To use another comparison, it is like the "snowball" letter which is always widening its sphere and goes on for ever. A little wise reflection convinces of the intolerable wrong done by these methods, used by those who cannot reflect.

Through this kind of domineering aggression, they invade the sacred domain of a human soul, and spread ruin and devastation there. The soul is a power, a faculty, and not material. Peace is a necessity for happiness. (That school of suggestionists, perhaps you know, go "the whole hog." In one author's books, I read not only the above, but also that these sufferers are "pariahs and outcasts of doctors and patients"; that neurasthenia is a "disease of the imagination," etc., etc.).

Such treatment (alas! all too common), worries, distresses and irritates. The original worry may be great and real, but this worry is overwhelming, and intensifies inconceivably the patient's trouble. It riotously wastes what little nervous force he may possess. It is like a poison which no one can endure, an incubus on the mind, ever fretting; the more intolerable, the longer it continues. I have abundant evidence to prove that it is the direct cause of many suicides. The victim is crushed, and driven to despair, by the injustice and mockery of it all. Let the cyclone of misery strike you, and then where are your friends? This subject is more fully dealt with elsewhere. But it is necessary to show here what is so well said by Dr. Betts Taplin, that no suggestion can be of help which does not result in "a cheered uplifted mind"; that is your view, and is *toto calo* removed from the "determined not to be beaten" style, cunning, subtle and crafty.

If you want to remove symptoms, it is certainly not good treatment to continue what will cause them, but rather to remove all cause, so that the symptoms go of themselves.

Dr. H. Crichton Miller says, "How far neurasthenia

is amenable to suggestion is still a matter of uncertainty." Dr. Miller is a decided advocate of suggestion in the treatment of disease in suitable cases.

Many other doctors, whose writings I have, are in agreement with him. One says (sensibly enough), "Offend a patient and the suggestion will be fruitless." One of these patients in a last letter said, "They only laughed at me."

No one who knows much about the human mind will under-estimate the power of suggestion of a kind calculated to have influence. A case in which I bore a part convinced me of it in a practical way. A man who rented a market garden was discovered by his landlord cutting sticks out of a hedge. The landlord told him he had no right to do so. The gardener asserted he had, and a violent quarrel arose, in which bitter accusations were made. The following day I found the gardener in a state of profound melancholy, so distressed in mind that I feared for his reason. It was some time before he told me the story, in response to my inquiry. It turned out that, after the quarrel, the landlord formed in his mind a plan to spread a report that the gardener had become insane. He hurried to the man's wife and told her abruptly, and then told others. When the gardener returned home at the usual time, he found his wife and family in deep distress about him. The result was as I state above. After a few moment's thought I determined to meet suggestion with suggestion, and said very emphatically, "Well, John, you seem to me to be very foolish to trouble your head about that, when it is quite plain that it is the other fellow who is wrong in his head." The effect was almost instantaneous, and he was very quickly himself again.

It is a very impressive fact worthy of careful consideration that that which makes most suggestions so irrational and hurtful in "so-called neurasthenia" is that they are *false* and can only affect the mind, whilst the trouble is physical—the *brain* being overwrought and crippled. Wherever suggestion is believed to be a fitting treatment it should be direct, by the medical man, to a receptive mind. By the underground methods so widely employed

the patient's troubles and difficulties are increased, not lessened. Much discernment too is needed, for human minds are not like cartwheels, all alike. They are very differently constituted and endowed. The methods often pursued are a mere juggle with the patient, and very serious it is for him. To think of it, the trouble is recognized in early stages as "brain-fag," or "brain-weariness." When it goes on to be brain crippling, and is chronic, they call it neurasthenia, and most treat it as a mental or psychic malady.

A few weeks later another article, "On the use of Adalin in Neurasthenia," by Dr. P. A. Harry appeared in the same journal. I took from *The Lancet* at that time a page advertisement of "Adalin," recommending it for "Sleeplessness arising from any cause." The only testimonial quoted is from the *Journal of Mental Science*. "It was very valuable in those cases of insomnia, in which the patient sleeps for an hour or two, and then awakens to pass the rest of the night in a state of anxious and restless misery; in these latter cases, very moderate doses sufficed." Dr. Harry gives particulars of what he calls, "typical cases of neurasthenia." Case 1: After some details, he states, "Many drugs were used to combat his insomnia. Surprising success was, however, obtained from the use of Adalin." Case 2: "Complained of eyestrain, insomnia, etc. Ten grains of Adalin were prescribed to be taken in the afternoon and evening, with most beneficial results." Case 3: "He slept badly at night." . . . "Adalin was prescribed. His symptoms improved slowly but surely, and on the last occasion that he reported himself he looked bright and energetic."

Dr. Harry adds, "It is evident that in Adalin we have a valuable means of removing the irritability of an exhausted nervous system." It would be truer and more scientific to say, "Adalin, in obtaining sleep for the patient, is a valuable means of removing the irritability of an exhausted nervous system."

Dr. Stretch Dowse and Dr. T. D. Savill in their respective books on "Neurasthenia" both prove clearly that the nerve centres in the brain are first affected; exhaustion of the whole system follows. Any cause which

brings prolonged insomnia cripples the brain—all else of “so-called neurasthenia” follows as a matter of course. I have read, re-read, and studied, some dozens of books on the subject, by the best known specialists, and in all I find the object of the treatment (whatever form it may take), is to restore the system by procuring sleep—if possible, restoring the power to sleep naturally with ease. Professor Dubois, and many others, as you know, “condemn suggestive therapeutics unconditionally.”

Here are Dr. Dubois’ words, copied from his book. The only fault to be found with them, is that they are not thorough enough. “Believers in ‘suggestion,’ will not lay down their arms, but will continue to attract to their ranks the medical men who do not know how to reflect, and to attain to a higher conception.” Dr. Dubois is Professor of Neuropathology in the University of Berne, and author of many medical books.

Crichton Miller says: “The treatment of symptoms only is the negation of the scientific basis of medicine”; and Dr. S. W. Macilwaine, “It is surely palpably ridiculous, to say the least, to pretend that because symptoms arise from a cause of intrinsic origin we are, therefore, absolved from discovering the cause.” He shows, in another place, how *specialists* looking for “local diseases,” “leave the causation alone.”

A famous specialist writes: “It is the mind, and the mind alone, that can govern and direct the sensory, and motor nerve system through the brain centre.” The mind is the pilot on the bridge, the brain is the engine it uses and controls. From the brain, the power proceeds that makes every sense, every muscle, every joint, obedient to the volitions of the mind.

When there is an inveterate insomnia, “the machine is worn out, or injured, and will probably get worse.” It is as if the piston rod is bent, causing constant friction and wear.

Not only so, but the mind—the generator of ideas, the controlling reason—is kept in a state of misery and mental anguish by the *cause* of insomnia and unrest, whatever it may be, from which there seems to be no escape. Imagine a pilot with an engine that cannot



work ; and himself tormented with various distresses which incapacitate him ; while all the time, others on the ship are distracting his attention. It is a state of hopelessness.

In speaking of the brain being out of gear, broken, or crippled, through sleeplessness arising from any cause (such as shock, anxiety, grief, worry or accident), one includes, of course, only those who are suffering from a real "breakdown," and not people who have never learned to control their tempers, or who, from vanity and selfishness, are out of harmony with their environment (though this state often leads to that). In this connection a saying of Ward Beecher's may be recalled, "Selfishness is that detestable vice, which no one will forgive in others, and no one is without it himself."

There is a world of difference between these classes, and it is important to impress it strongly, for few people seem to recognise it. In the first class, though they are real sufferers, and unfitted for the duties of life, reason still reigns supreme, perhaps more effectually than in the other. But the helpless brain needs rest, and cannot by any means obtain it.

Dr. Macilwaine writes ("Medical Revolution,") "The mere mention of neurasthenia suggests an amount of empiricism inside the profession that is positively appalling." (See Chapter IV., "Chaos of Opinions.") One only has to read books on the subject to obtain overwhelming proof of this statement, *e.g.* "it is necessary to gain the confidence and appreciation of the patient." Haydn Brown suggests that many doctors from various motives, "give the patient very little information, and simply and quietly recommend some new form of treatment that at least satisfies for the time being." Dr. Savill says, "These cases do not receive the attention which the distressing condition merits." Again, "It is no use to tell the patient there is nothing the matter. He knows better, and will tell you so." Again, "By some, the malady is regarded as incurable." "One has to gain and retain the confidence of a most vacillating patient." "Two things specially offend nerve-patients, loud-voiced hilarity and ignoring their symptoms—these show want

of sympathy." He repeats again and again, that the doctor "must cultivate and retain the confidence of his patient."

*The Medical Times & Gazette*, says of Dr. Savill's "Lectures on Neurasthenia"—"the standard English book on the subject." That, and Dr. Stretch Dowse's on "Brain and Nerve Exhaustion," are much the best I have been able to discover.

This note of confidence is in every book on the subject, and repeated in most of them. There is a reason for everything. Few writers seem to grasp it here. No such caution is found in medical treatises on other subjects.

Let the doctors note this ; the only way they can retain the confidence of patients (for of course they possess it at first), is to show proper confidence. The patient knows himself, and is the only one who can give reliable information. As a rule, tittle-tattle from others is all believed, and acted on, and all kinds of enquiries are made. In such circumstances, confidence is an impossibility.

In other ailments, it is always taken for granted that the doctor is trusted. Stretch Dowse calls neurasthenia, "One of the great clinical problems," and also says, "It is a condition which is not sufficiently understood and studied even by medical men." And yet, whatever the *truth* may be, the doctor's idea is that the patient must agree with his opinion.

Once it is known a person is suffering from "so-called neurasthenia," his life is as good as ruined. With the present prevalent ideas on the subject, and methods of treatment, it is not possible to recover tone and balance of the mental powers for their full activity. A famous nerve specialist said that "these patients always quarrel with their doctors."

One cannot make new acquaintances and friends, nor retain old ones. It is impossible. One is in terror of what they may be caused to say or do. This is as outrageous an injustice and cruelty to a person who is really suffering from insomnia, and the effects of it; as could be imagined.

Should any form of illness be so terribly punished? Only ignorance makes it possible. One's only chance of comfort is to run away from it, and live among strangers.

That most people are unable to do, and if they do, the torturers follow them up.

I venture to say, without a shadow of doubt, that I have here pointed out the cause of the "quarrel," and how it may be remedied. Own fairly, that insomnia is the malady, and "so-called neurasthenia" is a symptom or result, then all will be changed, and these patients, receiving proper sympathy and being reasonably treated, be as tractable as any. There will be no need any longer to warn doctors to strive "to retain their confidence," though the brain is unfit for its work, by reason of insufficient rest in sleep. Then the opprobrium and injustice which at present exist are gone. The misery and unhappiness inevitably caused, cease with them.

Dr. Birch well remarks: "Taet at the commencement of treatment, taet in giving a lucid explanation to our patient of the principles upon which we are basing our course of action, taet in minutely directing our remedial measures, so as to conjoin the utmost efficiency with the most agreeable method of giving effect to our intentions will frequently make just the difference whether our patients will permit themselves to be cured, or whether they will rebel!"

Sir John Forbes gives as psychic powers of cure "augmented hope, faith, cheerfulness, mental activity, decreased anxiety . . . soothing moral religious principles." In all, the aim and object of treatment should be to help the patient rather than to apply a stereotyped remedy.

Coleridge says: "The best physician is he who is the best inspirer of hope." Sir J. Sawyer, M.D., adds: "Of course, truthful hope."

Not to inordinately lengthen this letter, I will dispense with details given in the text-books, with which every doctor is conversant, to show that the *causation* of "so-called neurasthenia" and insomnia are identical, and as a matter of course, the *correct treatment* is also identical. Writers on *neurasthenia* and on *insomnia* both divide patients into the "psychic" and the "toxic."

This any person can confirm by carefully comparing books written on the subject by specialists, as I have done.

Let the reader think out for himself the reason why specialists in nervous diseases stultify themselves by refusing to acknowledge what is so palpably a fact.

No true soul will desire anything but the truth, and when the truth is revealed will obey it at all costs. All that is truth will bear light, and bear examination. Love of truth and the detection and exposure of error should ever be the distinguishing characteristics of those who practise the healing art. Every man capable of doing a secret injustice is a coward. He will equivocate, shuffle and shrink.

I remain,  
Yours truly,  
A LOVER OF TRUTH AND JUSTICE.

## CHAPTER IV

### CHAOS OF OPINIONS

THE extracts given in this chapter (many of them collected by Miss Agnes F. Savill, M.A., M.D., for Dr. T. D. Savill) show what wild and strange speculations are indulged in in medical science, and amply confirm Dr. Stretch Dowse's saying, "Neurasthenia is the great clinical problem."

The following quotation is from an editorial in the *Medical Times* (January 11th, 1913): "The greatest weakness that we observe in the mass of the medical profession to-day is the deplorable lack of judgment. It is this deficiency which causes the wild opinions promulgated in practice." Though "the old abuses still exist," there were a few in former days who had greater understanding of facts in this matter of nervous breakdown than some modern writers. If there has been any real progress it is not general.

Neurasthenia is like diabetes, in that no treatment *for*

*its cure* is agreed upon by the medical profession ; and there is absolute disagreement and contradiction on the subject of causation.

“ To combat this distressing and widespread class of disease, medical science has been singularly ill prepared.” —(Dr. Schofield).

Dr. Michell Clarke says : “ Many patients go from one doctor to another ; they generally think the last one has misunderstood their case.”

Blitz defines neurasthenia as “ a disturbance of the equilibrium of the whole nervous system in which the generation of nerve energy becomes deficient.”

Dejerine insists that “ emotion is the sole cause of neurasthenia.”

David Drummond asserts : “ Neurasthenia is essentially an affection of mind ” ; Dowse : “ It is undoubtedly a physical disease ” ; Clarke : “ In a large number of cases of this disease, symptoms directly referable to the brain dominate the case.”

Crichton Miller says : “ If we think of neurasthenia as a synonym for ‘ brain-fag,’ our conception may be a narrow one, but it will be more exact than many of the loose views now prevalent.”

Schofield writes : “ A crowd of individuals impose on their brains a work beyond their strength ; then come cares and reverses of fortune, and the nervous system, under the wear and tear of incessant excitation, at last becomes exhausted.”

The *brain* is the centre of all nerve impulse. Surprising self-contradiction is frequently met with. Thus in one work one reads : “ A malady induced by mental causes can only be cured by mental remedies ” ; also, “ It is the brain that is worn out physically.”

Dr. T. D. Savill states : “ The conclusions at which I have arrived are at variance with those of several eminent observers.” He suspected “ that toxæmia may play some part in all cases of neurasthenia,” while he believed “ there is the liability of overlooking in any given case the real root of the evil.” “ We are still very much in the dark on the subject.” Another observer (Dr. William Carter) states that “ the symptoms that arise

in connection with such cases are often of the strangest and most anomalous character."

The autotoxic condition of the blood produced sets up a vicious circle. It acts on the brain, causing disturbance of sleep; insomnia still further weakens and incapacitates the brain.

Glénard asserts: "Because of its abdominal origin, neurasthenia never occurs without dyspeptic symptoms, either apparent or latent."

Charcot points out that "neurasthenia due to over-taxing of the brain very rarely occurs under the age of fifteen to seventeen. A child, when fatigued, spontaneously ceases to work; but an adult forces his weary brain to continue."

Paul Blocq considers neurasthenia to be "a cerebral weakness, a depression of intellectual energy . . . To this diminished power of the brain to regulate the rest of the nervous system can also be attributed all the other forms of the disease."

Mathieu has seen "many cases in which neurasthenia and dyspepsia came on simultaneously." "Bouchard's clinical methods of diagnosis he does not consider reliable."

Löwenfeld considered that "the conditions of physiological fatigue must be better understood before we can satisfactorily explain neurasthenia."

Hayem considers that "neurasthenia is due to an incomplete assimilation of food rather than to an auto-intoxication by ptomaines, leucomaines or toxins arising from fermentation in the stomach."

Gilbert Ballet points out that "there are many cases of neurasthenia supervening upon a long history of dyspepsia, and that treatment of the neurasthenia must be directed towards the cure of the dyspepsia."

Bouchard taught that "all the symptoms of neurasthenia are found in cases of gastric dilatation and auto-intoxication."

Dr. H. Davy and a host of others admit "it is only in comparatively recent years that we have known anything at all about auto-intoxication, and even now we know very little on the subject."



Dr. Beard, who introduced the term "Neurasthenia," said it was "the Central Africa of Medicine." Later, on one occasion, the president of the Nervous Diseases Section of the B.M.A. took for the subject of his presidential address "Neurasthenia." He commenced by asking how it is that all the patients suffering "from this disease quarrel with their doctors. Are they worse people than others? That cannot be. The only possible conclusion was," he said, "we do not know how to treat them." Where that is the case, it is soon apprehended by the patient, and his spirits are utterly cast down. He despairs of combating all that is against him.

Dr. T. D. Savill points out that "the symptoms of auto-intoxication are often so obscure that even the sufferers themselves find it hard to describe them, although they may constitute some of the gravest and most troublesome conditions that can tax our patience." He adds that it acts "apparently with special virulence on the nervous system" (brain).

The views with regard to the treatment of neurasthenia by the electric current are most conflicting. The following are selections from amongst many: "Great results have been claimed for the d'Arsonval method of applying the high frequency current in neurasthenia." "Many of the patients realised before their Æsculapius grasped it the vanity of these purely physical measures as applied to troubles, the origin of which is psychic." "In no single case have I found this mode of applying electricity (galvanic and Faradic currents) to be of the slightest permanent value."—(Stretch Dowse.)

"Nature is always much more complex than we imagine, and many organs affected in their functions react on neighbouring organs without our being able to detect the fact."

Many writers refer to neurasthenia all through as functional nerve disease. Others point out that some organic lesion always exists if it could be discovered. Crichton Miller makes some sound remarks on this subject. He says: "What we really mean when we style a disease or a symptom functional is that we, at the present stage of scientific advancement, are unable to associate it with

a corresponding morbid alteration in the physical condition of the individual. . . . The progress of medical science consists largely in the transference of disease conditions from the functional list to the organic category."

"Nowhere is it truer than in medicine that knowledge is power, that ignorance is impotence; and the only knowledge that can give power in the practice of medicine is knowledge of the causation of disease."—(Macilwaine.)

"The more we study, analyse, investigate, and reason upon that state which goes by the name of neurasthenia, the more do we feel that we are approaching an unknown goal, a problem of absolutely unknown quantity, whose very existence is lost in illimitable space."—(Dowse.)

## CHAPTER V

### SUICIDES AND INQUESTS

THE first three chapters are in the form of letters. The object in view is to present facts and arguments against present-day methods of treatment, especially the kind of "suggestion" which simply irritates, worries and distresses the patient, thus increasing his troubles. What has been said in the foregoing pages gives clear evidence that "suggestion" persisted in becomes unwarrantable and odious meddlesome interference. It is naturally, and of necessity, resisted, yet still strenuously followed up, and some adroit people who believe they have powers beyond the average too frequently make a resolution to "take the fort by storm." The forces brought to bear for influencing the patient are intended to be irresistible, and are so in a sense. At any rate, as strong as human ingenuity can make them.

There is a set determination "not to be beaten," so they worry and worry and worry incessantly to compel the patient to acquiesce. These are sad, sad stories,

and appear to be almost inexplicable—injustice rules, cruelty abounds. The actors being many, no one's conscience feels the responsibility.

But the patients (and they are usually intellectual people) perceive much more than some suppose they do. They feel they cannot, in honour, allow themselves to be coerced. Being driven into a corner, with only one way out, they are driven to take that way of escape. They are so pressed they cannot successfully continue to bear what they could pass without notice *if they were actually in good health*. Their condition makes all the difference. In any case, if the treatment they received was *natural*, free from undergroundwork and interference, they could bear it. As it is done now, with systematic and scientific cunning, it ruins *the whole future life*—whether they are supposed to be made “quite well” or not. They can never be what they were.

It is actually gambling with human life and happiness. Those who are responsible hope they will succeed, but by the nature of things the chances are dead against any advantage coming out of such procedure.

Strange, indeed, that people, and especially medical men, cannot recognise these facts. Two things strike one very forcibly as one goes through a big pile of records of inquests on “neurasthenics” and insomniacs.

First, the frequency with which good-natured, easy-going witnesses declare that the deceased was “in good health” (or to that effect), and also the deceased had “no trouble or worry of any kind;” “was the last person I should have thought likely to commit suicide”—while the doctor rarely appears at all.

Second, the constant use of expressions like the following in letters written by the deceased: “They would not believe”; “they could not understand”; “my brain is gone”; “if I cannot sleep, I shall go mad”; “here I am with people I cannot believe in”; “I cannot express the exact nature of my illness: it is insomnia”; “life is unbearable”; “can stand the strain no longer”; “now I know my brain has failed”; “no help, no sympathy, how can I live?”; “it has been hell upon earth”; and many other such.

The ostensible objects of medicine are practical and beneficent. To one who studies and probes the questions with which this book is concerned, as the writer has done for nearly twenty years, it is evident that here many are blind to facts. Prejudice and authority together have shut the door against truth. The few men who have grasped the truth, in lesser or greater measure, have not been able to set these influences aside.

To be unorthodox in medicine is to cut oneself off from all chances of fame, as is often said. Yet the truth will triumph in the end. Very nearly twenty years after Lord Lister had introduced the practice of his great discovery, and about ten years after his methods had been proved in the Franco-German War, by the German doctors, the big men in the London hospitals still scorned them, calling them "a Scotch fad"; "a return to the dark days of surgery"; "the carbolic mania"; "a professional criminality," etc. There was a tremendous fight before it gained general recognition, and "such opinions were expressed by some of the most eminent surgeons in London. It does not matter a rush whether these men spoke from stupidity or from prejudice."—(Dr. Macilwaine.) The profession will not listen, voluntarily, to anyone who suggests changes in professional methods. Though it has always been so, in the present day it is the prevalence of *specialism* that is the chief obstacle.

Dr. Macilwaine says: "The profession is dominated by specialism, and specialism is founded on error; to call local symptoms diseases is wilfully to deceive ourselves; all true diseases are based on the correlation of cause and effect. . . . Unless mere symptoms are called specific diseases, the whole house of cards that the specialists have built would fall."

Every doctor knows well what an American medical paper said a short while ago: "Your health will be much safer in the care of a good general practitioner than of any specialist." There are many reasons for this, which cannot be gone into here for lack of space.

"If I were a woman," writes Dr. J. H. Bristow, "with a pain in the back, I should hesitate a goodly time before

I took my troubles to a so-called gynœcologist." (Translation of gynœcologist: one who operates on women.) And he goes on to give technical reasons.

Suicides of persons who have suffered from insomnia or "so-called neurasthenia" take place with appalling and increasing frequency, and are acknowledged to constitute one of the most momentous social problems. The coroner and the jury at the inquest try to find out how death was brought about, and generally are content with that. In a few exceptional cases it is otherwise. Thus no real effort is made to solve the problem. Everybody knows that to ignore or suppress a problem does not solve it, or help to right what is wrong. The methods pursued in other cases of inquiry are far different. Take, for instance, death as a result of food poisoning or any accident. *Why*, as well as *how*, the deceased died is the subject of closest scrutiny, and the prevention of similar casualties is the prominent object in view. In the cases we are now concerned with the inquiry should be pressed in every way to discover if possible why the suicide was committed, as well as how; what caused the purpose and intention to commit suicide to be formed. Only so can anything effectual be done to lessen the number of such suicides. Probably by no other means will established practices be changed, and better methods be brought in. "It is high time," as was said recently, "that this survival should give place to a court of inquiry, more in keeping with the efficiency of the age in which we live." It is difficult to kill old ideas, and the prejudices of many are very hard to overcome.

Too often in the cases under consideration the *cause* of the patient's illness was not sought for during life. One of the most famous medical authors says: "Who knows the cause of anything? I don't. Do you?" And in the inquiry concerning suicide the *cause* of the suicide is not investigated. It is so easy and convenient to act in accordance with the old French saying: "*Les absents ont toujours tort* " If the deceased could be present and speak at such inquests, what a marvellous revelation there would be in many instances! The story told and accepted would be altered out of all

recognition, and very frequently in an amazing fashion.

By what is said I am not advocating that any details likely to lead other weak people to suicide, through imitation or morbid sensationalism, should be published in the newspapers. \* Since the British general, affectionately known as "fighting Mac," committed suicide at a Paris hotel by firing a revolver into the roof of his mouth there have been a host of imitators. Yet it is possible these people might have chosen some other means to end their lives if they had never heard of that way.

Again, no sane person desires *needlessly* to wound the feelings of surviving friends.

If a railway accident or shipwreck is attended by loss of life, most careful and thorough inquiry is made, not only to ascertain that the death occurred through the accident, but into every detail that might help in the prevention of such accidents in future. Canon Horsley wrote to the newspapers recently to show that if inquests into deaths occurring in connection with drunkenness were made more thorough many such deaths might certainly be prevented in future. The same thing is true in connection with cases of people suffering from so-called nervous diseases. The thought of preventing suicides in future is wholly absent.

A little while ago, at a second inquest into cause of death, the coroner said: "This was a second inquiry, undertaken by order of the High Court, and he did not think they ought to leave it open for anyone to say reasonably that this inquiry was not sufficient." It should not in any case be open to say so.

Fruitless inquests are being held constantly, and such suicides take place in appalling numbers, and yet nothing is done generally to find out what was the real cause of the suicide. While such is the case, there is little prospect of improvement. A proper and Christian recognition of "another's burden" seems to be what is necessary here.

" If ye do not feel the chain  
When it works a brother's pain,  
Are ye not base slaves indeed,  
Slaves unworthy to be freed ?



Is true wisdom but to break  
 Fetters for your own dear sake,  
 And with leathern hearts forget  
 That we owe mankind a debt ?  
 No, true wisdom is to share  
 All the chains our brothers wear,  
 And with heart and hand, to be  
 Earnest to make others free.

“ J. R. LOWELL.”

To elucidate the truth, and the whole truth, in the case is essential, or what is the inquest for ? One of the medical papers in an editorial lately said that “ many coroners perform their work in a perfunctory manner.” Concerning one inquest, a London daily paper declared : “ It was evident to any impartial person that there was a determination on the part of those concerned that the cause of suicide should not be disclosed.” Coroners are public officials, paid with public money, and the inquiries should be conducted for the benefit of the public as much as possible.

At inquests the salient portion of a letter left by the deceased is *often* suppressed. I have the report of one case of a neurasthenic in which a letter which was written on the day of the suicide, describing why the party contemplated suicide, was deliberately destroyed before the inquest by the doctor concerned, that it might not come as evidence. The longer I pursue this investigation, the more overwhelming does the evidence for the necessity of it become.

By general consent here is a great problem. It is pressing and urgent. If boldly tackled it can certainly be solved. But if in a spirit of cowardice those who ought to tackle it refuse to do so, because they fear what may be brought to light, the innocent and suffering will continue to be unjustly tortured, and these suicides will still occur.

I am compelled to write on this subject so as not to be misunderstood. Yet I desire to be strictly fair and considerate ; not to find fault needlessly. Persistent efforts have been made to muzzle me, but so long as these abuses continue I absolutely refuse, at any cost, to be muzzled or to retreat. I am compelled to speak out,

## STEADY RISE OF SUICIDE

For the five years, 1857-61, the number of persons who committed suicide was in the proportion of 6·65 among 100,000 people. During the periods between 1877 and 1891 it was above 7. In the early 90's the proportion passed 8, and in the five years 1897-1901 exceeded 9. From 1902 to the end of 1911 the five-year average was above 10. The last yearly return gives 9·85 per 100,000.





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